

REALTOR® Association of Greater Fort Lauderdale
CHARITABLE FOUNDATION

Application for Assistance

1. Full Name of Proposed Beneficiary: _____
2. Age of Proposed Beneficiary: _____
3. Address of Proposed Beneficiary: _____

4. Telephone Number: (_____) _____
5. If an Organization/ Association, state purpose: _____

6. Names of spouse and/or dependents:
 - a. _____ (Relationship) _____
 - b. _____ (Relationship) _____
 - c. _____ (Relationship) _____
 - d. _____ (Relationship) _____
7. List other organizations from which assistance has been sought:
 - a. _____
 - b. _____
 - c. _____
8. List the response by the other organizations and name of contact at each of those organizations:
 - a. _____
 - b. _____
 - c. _____
9. List details of assistance received from individuals (not family) and names:
 - a. _____
 - b. _____
 - c. _____

14. Community service (civic, cultural, governmental, etc.): _____

15. Present living arrangements (alone, with family or friends, own home or tenant, etc.): _____

16. Prospects for future recovery of health: _____

17. Name of individual applying for assistance, if other than proposed beneficiary:

18. Address of applicant: _____

19. Telephone number of applicant: _____ () _____
20. _____ Date: _____
Signature

Note: The REALTOR® Association of Greater Fort Lauderdale Charitable Foundation is a non-profit organization which is totally dependent upon contributions from REALTORS® and the public for its charitable outreach.