



Confidential Application for Assistance
(Please print or type; and answer all questions thoroughly.)

Individuals eligible to apply or have an application submitted for him or her and receive assistance from the foundation include an Association member in good standing for 12 consecutive months during the 5-year period immediately preceding the application (“Qualified Association Member”); a family member of a Qualified Association Member (spouse, domestic partner, or child under the age of 18).

A. Identification:

1. Applicant’s Name _____ 2. Member ID _____
3. Firm Name _____
4. Cell Phone _____ 5. Office Phone _____

If you are other than applicant and are assisting with this application:

6. Name _____
7. Home Phone _____ 8. Office Phone _____

B. Describe the situation or condition creating the need to request an award.

Be specific. For example, if illness or injury is involved, define the illness, dates hospitalized, doctor’s name, dates off work, date due back, etc. *Attach supporting documentation, i.e., doctor’s letter. Use an additional sheet of paper if needed.*

Have you requested funding from other sources such as the Florida REALTORS Silent Angels or Disaster Relief Fund? Its highly recommended that members make requests to those funds initially as our funding requests are capped at \$500 per person.

YES _____

NO _____

C. What are you requesting be paid by the Foundation?

Applications for assistance must be for a specific need that would insure a specific benefit to the member or family member due to prolonged illness, catastrophic occurrence or accident -- for example, help paying a month's health insurance premium to maintain insurance; burial expenses when there are limited or no funds in the household; help with payment toward the purchase of special prosthesis, wheelchair, oxygen equipment, or organ transplant not fully covered by the member's insurance. Awards shall be issued directly to a vendor as we do not make cash payments directly to individuals.

Attach copies of appropriate invoices or statements.

Vendor's Name _____

Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

Vendor's Name _____

Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

Vendor's Name _____

Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

Vendor's Name _____

Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

D. Your Broker/Firm

Attach a letter from the broker of your office (or ask them to send separately) expressing their comments and recommendations regarding your application.

E. Certification

I certify that the above information is true to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for corrective action up to and including repayment of funds awarded. I authorize verification as deemed necessary and agree to help the West Volusia Realtors Foundation to obtain these verifications if requested.

I acknowledge that the information provided in this application may be viewed by the West Volusia REALTORS Foundation Corporation, its members, and West Volusia Association of REALTORS staff members. I further acknowledge that there will be an effort to protect my privacy, but such cannot be guaranteed in all situations. I agree to save and hold harmless, including reasonable attorney fees and cost, West Volusia REALTORS Foundation, its Board of Directors, the West Volusia Association of REALTORS, its Board of Directors, and West Volusia Association of REALTORS staff members arising out of any claim or cause of action relating to this matter.

(Signature) _____ (Date) _____

Procedure: Upon receipt, a meeting of the West Volusia REALTORS Foundation will be called. If you have any questions, please call WVAR at 386-774-6433
Applications may be mailed to: West Volusia REALTORS Foundation, 425 S Volusia Avenue, Orange City, FL 32763 or emailed to ceo@westvolusiarealtor.org.