



3123 Lake Shore Drive, St. Joseph, MI 49085



FUND REQUEST

Purpose of the REAL HELP FOUNDATION Fund: The purpose of the REAL HELP FOUNDATION Fund is summarized in its mission statement:

REAL HELP FOUNDATION Fund is dedicated to providing financial related assistance to persons identified by the Southwest Michigan Association of Realtors who are within the local Berrien, Cass and Van Buren communities who are suffering from great hardship due to illness or other tragedy and as a result are in need of financial assistance.

The Fund seeks to provide short-term emergency financial assistance to members, whose basic necessities are not covered by other existing programs, or insurance coverage.

Funding Priorities:

The REAL HELP FOUNDATION Committee reserves the right to review each case brought forth to the Committee members on a case by case basis. While funding is ultimately up to the Committee's discretion, extraordinary need brought on by unforeseen circumstances, is the Committee's main priority.

Eligibility Requirements:

Assistance to applicants is limited to persons affiliated (and in good standing) with the Southwestern Michigan Association of REALTORS or Affiliates in the following ways:

REALTOR member (Residential or Commercial)

Affiliate member of the Association

Employee of a REALTOR member

Immediate family member of a current Association or Affiliate member (spouse, widow(er), parent, domestic partner, child)

Any other community member or family as deemed necessary by the committee.

Absent unusual or extraordinary circumstances, the applicant, employer of applicant, or immediate family member, must have been a member of the Association and be in good standing at time of application (the committee may, in its discretion).

In addition, the applicant must show demonstrable need as a result of a natural or civil disaster, emergency hardship or severe economic hardship due to illness, death, accident, crime, or similar circumstance that creates a short-term need for basic necessities (basic necessities including, but not limited to: food, clothing, housing, transportation, or medical assistance)

Committee Chair Signature _____ **Date** _____

The final amount funded to each successful applicant will vary, based on the identified need, by the Real Help Foundation Committee.

No form of assistance will be paid directly to the REALTOR® recipient.

The Committee reserves the right to request any additional supporting documentation, showing proof of alternate efforts to acquire assistance. All applicants must submit an affidavit stating the requests for assistance are accurate, to the best of their knowledge.

If another organization exists that provides means for the identified need, the REAL HELP FOUNDATION, may refer the applicant to this organization or program.

Confidentiality: Recognizing the confidential nature of communications and information shared between the applicant and the REAL HELP FOUNDATION committee, the committee shall operate under a strict confidentiality and anti-disclosure code.

It is everyone's expectation that all information collected will remain confidential, including any final awarded amount.

Applying on Behalf of a REALTOR®:

REALTORS® may initially apply on behalf of a fellow REALTOR®. Specific details of financial hardship are needed and may require future contact with said applicant. The same anti-disclosure/ confidentiality rules apply. Please fill out the last page of this application.

Direct Completed application with supporting documents:

REAL HELP FOUNDATION

3123 Lake Shore Dr.

St. Joseph, Michigan 49085

269-983-6375

Committee Chair Signature _____ **Date** _____

Please type or print neatly.

APPLICANT'S PERSONAL INFORMATION *Must meet eligibility requirements

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email address: _____

*If not a SOUTHWESTERN MICHIGAN ASSOCIATION OF REALTORS® member, describe relationship to member in good standing:

ASSISTANCE REQUEST Detailed Description of Hardship (use extra pages if necessary):

Description of Financial Need Include any additional information necessary to better explain your financial need. (The REAL HELP FOUNDATION Committee may request additional information and (or) supporting documentation, to better explain your financial need.)

Have you applied for or received funding from any other organization (including insurance)?

Requested Award Amount (any final award amount is ultimately up to the committees discretion)

Award Payee (Award will be paid directly to the applicant only if approved by the committee. Otherwise, please indicate to whom assistance will be paid ex. Gas, electric etc.)

Committee Chair Signature _____ Date _____

Confidentiality

By signing below, I declare that all information collected during the REAL HELP FOUNDATION application process will remain confidential, including any final award amount.

Signature _____ Date: _____

Declaration By signing below, under penalty of perjury, I declare, to be the best of my knowledge and belief, the above stated information is true and correct. I agree that the REAL HELP FOUNDATION COMMITTEE may contact individuals or organizations discussed in this application and supporting documents, to verify information is true and accurate.

Signature _____ Date: _____

For Committee Use Only:

Application Reviewed & Complete Other Resources Exhausted Funded (y/n) and Amount \$

Committee Chair Signature _____ Date _____

Fill out this section only if you are applying on behalf of another REALTOR®

Please type or print neatly.

Contact Information:

Name: _____

Phone Number: _____ E-mail Address: _____

Street Address: _____

REALTOR® In Need Information:

Relationship to the REALTOR® in need: _____

Applicant's Name: _____

Applicant's Phone Number: _____

Applicant's Home Address: _____

Explanation of need (the Committee will need specific, viable details of the REALTORS® financial need, including suggested award amount, and payee information):

For Committee Use Only: _____

Application Reviewed & Complete

Committee Chair Signature _____ Date _____