



Broward REALTORS Charitable Foundation, Inc.
1765 NE 26th St., (Wilton Manors) Ft. Lauderdale FL. 33305
www.Rworld.com/Foundations
Main: 954-563-7261 – Direct: 561-727-2756 -Fax:561-249-7867

Grant Process: *Thank you for reaching out to us in your time of need, please complete the application.*

• **Complete all information:**

An incomplete application will not be accepted for consideration, should no information be required in a section, please insert “N/A”, indicating no-information for this section.

**This is a legal document and is subject to State and Federal audit.
Falsification of facts may lead to legal action.**

The Applicant(s) understands and grants permission for this application to be subject of confidential review, by Trustees of the Broward REALTOR Charitable Foundation.

➤ *Applicant's Signature* _____ *Date* _____

Print Name Clearly: _____

➤ *Applicant's Representative Signature:* _____ *Date:* _____

Print Name Clearly: _____

APPLICATION FOR ASSISTANCE

An application submission is not a guarantee of assistance funding.

A. Applicant's Information: Date: _____ **Covid-19 Related? Y N**
If yes, also complete Covid-19 Section

Full Name: _____

Home Address: _____ City: _____ ZipCode _____

Telephone: _____ Mobile: _____ /Text: Y or N; email: _____

Have you previously made application with us? Yes No Application date: _____

If yes, was your Grant approved? Yes No



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B. Immediate Family Information:

Living w/You?

- | | | | |
|----------|--------------------|------------|--------------------------|
| 1. _____ | Relationship _____ | Age: _____ | <input type="checkbox"/> |
| 2. _____ | Relationship _____ | Age: _____ | <input type="checkbox"/> |
| 3. _____ | Relationship _____ | Age: _____ | <input type="checkbox"/> |
| 4. _____ | Relationship _____ | Age: _____ | <input type="checkbox"/> |
| 5. _____ | Relationship _____ | Age: _____ | <input type="checkbox"/> |

C. Current Living Arrangements: *(Please completely describe arrangements with time-lines, include if you are living with someone, other than mentioned above).*

D. Current Source(s) of Income & Amount:

- | | |
|--|---|
| <input type="checkbox"/> Employment 1: \$ _____ /Hr. | <input type="checkbox"/> Unemployment: \$ _____ per _____ |
| <input type="checkbox"/> Employment 2: \$ _____ /Hr. | <input type="checkbox"/> Food Stamps: \$ _____ per _____ |
| <input type="checkbox"/> Social Security \$ _____ | <input type="checkbox"/> Disability: \$ _____ per _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Alimony: \$ _____ per _____ |
| <input type="checkbox"/> Family Support \$ _____ | <input type="checkbox"/> Church Support: \$ _____ per _____ |
| <input type="checkbox"/> Other: \$ _____ | <input type="checkbox"/> Other: \$ _____ per _____ |

Additional Comments for consideration:

E. Employment Record:

Applicant #1:

Current Employment: Yes No Employer: _____
 How Long Employed: Start date: _____ End date: _____ Still employed date: Y- N
 Prior Employment:

	<u>Company</u>	<u>Position</u>	<u>Years/Months worked</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



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Applicant #2:

Current Employment: Yes No Employer: _____
 How Long Employed: Start date: _____ End date: _____ Still employed date: Y N
 Prior Employment:

	<u>Company</u>	<u>Position</u>	<u>Years/Months worked</u>
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

F. Financial Assistance Sought, But Not Received:

G. Assets:

Do you currently own your home? Yes No Mortgage Balance: \$ _____
 Auto or Motorcycle: Yes No Make/Model: _____
 Bank: Checking/Savings? Check Balance: \$ _____ Savings Balance: \$ _____
 Retirement Account(s): \$ _____ Other: \$ _____

H. Applicant's Expenses:

Item:	Amount:	Paid to:	Comment:
Mortgage			
Rent			
Electric			
Water			
Telephone			
Cable/Internet			
Car Payment			
Car Insurance			
Health Insurance			
Other			
Other			
Other			

• **Monetary Amount of Financial Assistance Requested: \$ _____**



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- Detailed Reason Why Assistance Is Needed: *(Please attach additional pages as needed.)*

- **COVID-19 Related:**

- Has anyone in your family or person you have been in contact with been diagnosed with covid-19?
 - If Yes: relationship to you? _____, what is current health status _____
 - Are they at home with you? _____, currently living at _____ or hospital?
 - Has anyone been quarantined? _____, Is anyone furloughed? _____ relationship _____
 - Have work hours been reduced? _____, Anyone been laid-off? _____ work Retn _____

- Information on person filling out this application *(if not the person applying for assistance.)*

Name: _____

Address: _____

Phone #: _____ Mobile/Text: _____ Relationship? _____

- How did you hear about our Foundation? _____

I. DISCLOSURE OF APPLICANT(s):

The Applicant(s) or those acting on behalf of the Applicant(s) agree:

Applicant or Representative grants Authorization for background check. YES – Initial _____

The undersigned authorizes the FOUNDATION-TRUSTEES, and the Representatives of the FOUNDATION to conduct background checks & verify the information provided in this application for assistance. The FOUNDATION, its TRUSTEES, and/or Representatives, will be held harmless from any legal liability in vetting this application without limitation(s) with no-end date specific now or in the future. The FONDATION will complete review and be mindful of security of such information received in their research/care.

Be advised: The FOUNDATION is subject to audit by government entities.

Name: (Please Print Clearly)

Relationship to Applicant:

Signature:

Date:

Submit “completed” application: Nmacaluso@Rworld.com OR Fax: 561-249-7867



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Please complete this response. It helps us-help others. Thank you.

In Your Own Words:

If your grant is approved by the Trustees, how would this be beneficial to you or your family?

Thank you for allowing us to be of assistance to you and your family at your time of need.