



Grant Application
Catastrophic Aid Relief C.A.R.E.

As its core program, C.A.R.E. may provide a limited financial assistance grant to help defray the financial needs associated with a major or catastrophic illness, accident, or substantial loss by a qualifying individual or family member.

Applicants Full Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Fax number (____) _____ - _____

Birth Date ____/____/____

Social Security# _____ - _____ - _____

Employer/Occupation _____ How long? _____

Office Contact _____ Phone (____) _____ - _____

Annual Gross Income 2007: \$ _____

Annual Gross Income 2008: \$ _____

Year to Date Income: \$ _____

Spouse/Domestic Partner Full Name _____

Employer/Occupation _____ How long? _____

Annual Gross Income 2007: \$ _____

Annual Gross Income 2008: \$ _____

Year to Date Income: \$ _____

How many dependants do you & Spouse/Domestic Partner support? _____

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Do you, and/or your Spouse/Domestic Partner own a business? Yes / No
If yes, please provide details as to the status of the business, number of employees and/or sub-contractors, and the value of the business and any related equipment.

In what capacity is your or your Spouse/Domestic Partner employment related to the real estate industry?

Do you, and/or your Spouse/Domestic Partner, and/or employer belong to an Association of Realtors? Yes / No
If yes, who belongs to which Association (ie: SAR, PCAR, EDCAR) and for how long?

Are you anticipating an insurance settlement? Yes / No
If yes, explain:

If you receive an insurance settlement or other additional funds, are you willing to reimburse C.A.R.E. for any grant that may be made? Yes / No
If yes, explain:

Do you, and/or your Spouse/Domestic Partner have any friends, family, or other resources available to you that may have the capacity to loan or gift you funds to support you in this time of need? Yes / No
If yes, explain:

Is a benefit planned to help raise funds to aid your situation? Yes / No
If yes, explain:

Benefit Organizer Contact Person

Contact Phone (____) _____ - _____
Date of Event ____/____/____

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Have you applied for any support services? _____
 If so, what amounts are paid and with what frequency?

SSI	\$ _____	(one-time, monthly)
Medical Assistance Program	\$ _____	(one-time, monthly)
Aid for a Dependent Child	\$ _____	(one-time, monthly)
Long-Term or Short-Term Care	\$ _____	(one-time, monthly)
Workers Compensation	\$ _____	(one-time, monthly)
State Disability Insurance	\$ _____	(one-time, monthly)
Unemployment	\$ _____	(one-time, monthly)
Other _____	\$ _____	(one-time, monthly)
Other _____	\$ _____	(one-time, monthly)
Other _____	\$ _____	(one-time, monthly)
Other _____	\$ _____	(one-time, monthly)

If yes to any of the above, please explain any important details below:

What other sources of income do you & Spouse/Domestic Partner receive, and in what amounts? (Trust Funds, Legal Settlements, Child Support, Retirement Plan, etc.):

Please list the account types and balances you & Spouse/Domestic Partner currently maintain in any of the following:

Savings Account (s)	\$ _____	
Checking Account (s)	\$ _____	
CD's	\$ _____	
IRA's/401k's/Sep IRA	\$ _____	
Stocks & Bonds	\$ _____	
Other	\$ _____	
Other	\$ _____	
Other	\$ _____	
Other	\$ _____	

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Do you own your home or rent? Own / Rent

Please explain any special issues or circumstances related to your home:

Please list your approximate monthly living expenses:

Rent or Mortgage \$ _____
Utilities \$ _____
Food \$ _____
Transportation \$ _____
Health Insurance \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Do you own any rental or income property? Yes / No

If so, please list the full mailing address, the approximate equity in the property, and the monthly rent received:

Street Address	City	State	Zip Code
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Rent: \$ _____
Equity: \$ _____
Market Value: \$ _____

Please list any additional properties on a separate piece of paper.

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Grant amount requested from C.A.R.E. \$ _____

How and what will the money be used for?

Non-financial assistance requested from C.A.R.E.

Are there are other items or services that C.A.R.E. or the real estate industry can provide to aid and assist you in your time of need?

By signing below, I agree to accept C.A.R.E.'s decision and abide by their rules, regulations and bylaws. I state that the above information is true and factual. I further understand that if I receive a grant from C.A.R.E. the funds will only be used as stated above.

I also give my permission for C.A.R.E. to contact my employer(s) or health care professional(s) for additional information relating to this claim.

Applicant Signature

Date