



Grant Application
Catastrophic Aid for Real Estate

As its core program, Catastrophic Aid for Real Estate may provide a limited financial assistance grant to help defray the financial needs associated with a catastrophic illness, accident, or substantial loss by a qualifying individual or family member.

Applicant Full Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Fax number (____) _____ - _____

E-mail _____

Birth Date _____

Social Security # _____

Employer / Occupation _____ How Long? _____

Office Contact _____ Phone (____) _____ - _____

Annual Gross Income 2010 \$ _____

Annual Gross Income 2011: \$ _____

Year to Date Income 2012: \$ _____

Spouse / Domestic Partner Full Name _____

Employer / Occupation _____ How Long? _____

Annual Gross Income 2010: \$ _____

Annual Gross Income 2011: \$ _____

Year to Date Income 2012: \$ _____

How many dependants do you & your 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 (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 Catastrophic Aid for Real Estate 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? **Yes / No**

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
Rent: \$ _____			
Equity: \$ _____			
Market Value: \$ _____			

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

When do you anticipate returning to work? _____ / _____ / _____

Do you anticipate being unable to work or produce income? **Yes / No**

If unable to perform your current occupation, are you able to work in another capacity? If so what type of occupation might you be qualified to perform?

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Grant amount requested from Catastrophic Aid for Real Estate \$ _____

How and what will the money be used for?

Non-financial assistance requested from Catastrophic Aid for Real Estate

Are there are other items or services that Catastrophic Aid for Real Estate or the real estate industry can provide to aid and assist you in your time of need?

By signing below, I agree to accept Catastrophic Aid for Real Estate's decision and abide by their rules, regulations and bylaws.

I state that the above information is true and factual.

I understand that if I receive a grant from Catastrophic Aid for Real Estate the funds will only be used as stated above.

I give my permission for Catastrophic Aid for Real Estate to contact my employer(s) or health care professional(s) for additional information relating to this claim.

Applicant Signature

Date

Will you give Catastrophic Aid for Real Estate the option to use your "story/testimonial" in marketing and promoting Catastrophic Aid for Real Estate? **Yes / No**
(If yes, please fill out and sign the attached authorization form).



LETTER OF AUTHORIZATION

DATE _____

To whom it may concern:

I _____ hereby authorize Catastrophic Aid for Real Estate the option of using “my story/testimonial”, associated with an approved grant, in the marketing and promoting of Catastrophic Aid for Real Estate.

I understand that I will have input to and final approval for any article, interview transcript, video or other means that the testimonial may take.

This authorization is valid until further written notice.

Sincerely,
