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CHARITABLE FOUNDATION, Inc.
One Harvard Circle, Suite 201
West Palm Beach, FL. 33409
Main: 561-585-4544 ▪ Direct: 561-727-2791 ▪
www.Rworld/Foundations

CONFIDENTIAL REQUEST FOR ASSISTANCE

This Foundation is a Not-For-Profit Corporation and is supported by donations of REALTOR members, businesses, and the public

Grant Process: Complete each section, insert N/A where needed.

- *This is a legal document and is subject to State and Federal audit. Falsification of facts may lead to legal action.*
 - *Applicant(s) understands and grants permission for this application to be subject of confidential review, by Trustees of “Pay It Forward” Foundation.*
 - *All applicants are required to be a member in-good-standing with the BROWARD, PALM BEACHES, AND ST. LUCIE REALTOR® Inc. Association.*
1. Applicant(s) agrees to disclose any/all financial information and financial obligations on this application
 2. Applicant(s) acknowledge there may be financial obligations on their part for a successful outcome of their case.
 3. Applicant’s may only apply once for assistance, unless otherwise advised by Board of Trustees with on-going issue(s). *Considered on a case-by-case basis, as applicable during application review.*
 4. Application must contain all legal and fictitious names of the parties included, and further disclose of any commonly *known-as* names on this application; including documentation as recorded or *known-as*, on separate attachment, as needed.
 5. **The Application as received will be kept in strict confidence.**
 6. Submission of Grant Application must be completed with all questions answered. Please insert N/A should that question not apply to applicant.
 7. Applicant understands the “PAY IT FORWARD” Foundation is not a party to any contractual obligation(s) set forth by the Applicant(s) and shall not assume any financial or legal responsibility, nor assume legal actions, ramifications, or loss of funds, including any medical or unforeseen harm to self, or family members, for any reason.
 8. Submit your completed application to ecincotta@rworld.com noted at bottom of each page. A phone number has been provided for general questions by the Applicant. (561-727-2791)
 9. Upon receipt, the Application will be reviewed for processing. Should there be sections with no response and no “N/A” the application will be returned to Applicant for completion.
 10. Fraudulent submissions will be reported to the proper authorities for action.



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11. Attach document(s) permitted to support the application.
12. The application will be assigned to 2- Board of Trustee Members, for interview with the applicant.
13. The vetting Trustee(s) are held to a strict *Code of Conduct* and *Confidentiality Agreement* of the applicant's file.
14. Trustees will prepare a written report, within 2-days of interviewing applicant and email report to staff/Liaison for placement on the next Board of Trustees Agenda. Should an application reach emergency level status, the process may be elevated for more immediate action.
15. The Applicant's name and contact information will be REDACTED (removing the Applicant's Name and Contact Information) when application goes before the Board of Trustees for decision.
16. Applicant will be notified of Trustee Board's decision in writing. (electronically)
17. If someone else is completing the Application on behalf of the Association Member, please identify yourself and complete your name and contact information where applicable on Application.

Application Date: _____

Section #1: Applicant's Contact Information?

Applicant's Name: _____

Address: _____ City _____ Zip: _____

Mobile/Text #: _____ Email: _____

The applicant is a REALTOR Member Affiliate Member

The Application is being completed by: Applicant (self) Applicant's Representative.



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If applicant's representative, please complete Section #2

Section #2: Representative's Contact Information:

Representative's Name: _____

Relationship to Applicant & Reason assistance is needed: _____

Rep's Address: _____ City _____ Zip: _____

Mobile/Text #: _____ Email: _____

Section #3: Company Name:

Applicant's Company Name: _____

Company Address: _____

City: _____ Ofc tele. #: _____

Broker of Record or Managing Broker Name: _____

Broker/Manager contact information: Mob. Phone: _____ email: _____

Section #4: NATURE OF REQUEST:

- Medical Medical Equip/Medication Financial Hardship Other Covid -19 Related

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COVID-19 Related: Complete only if applicable to this application.

- Has anyone in your family or person you have been in contact with been diagnosed with covid-19?
o If Yes: relationship to you? _____, what is current health status _____
o Are they at home with you? _____, currently living at or hospital? _____
o Has anyone been quarantined? _____, Is anyone furloughed? Relationship: _____

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 [] NO Initial
Rep. Initial _____ Date: _____

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 FOUNDATION will complete review and be mindful of security of such information received in their research/care.

Describe the situation or condition creating the need for and type of assistance you are requesting. Please be specific regarding the assistance you are seeking and please provide any documents to verify costs associated with the request. Attach documents to this application. (type or write legibly)

Four horizontal lines for writing the description of the situation or condition.

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Applicant's Insurance Company: _____ Total Deductible Amt: \$ _____

Please disclose other assistance the applicant is or may be eligible for from other sources. *Attach documents.*

What other sources of relief have been initiated? (check all that apply)

- I have contacted the vendor(s) regarding these obligations.
- I have contacted lending agencies, credit union, family/friends, community service agencies ___Y ___N
- I have sought or intend to seek legal assistance/counsel. I will or have applied for disability benefits.
- I have applied for or attended credit counseling. I have made attempts to resolve this situation.

Explain: *Attach page(s) as needed.*

Section # 5. Persons living in your household.

Living w/you	Name	Relationship	Age	School-Yes/No	Working/Where?

Add additional page, if needed.



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Section # 6. Financial Status. (Monthly)

Disclose income of ALL persons in the household:

Income:

Applicant \$ _____ Spouse: \$ _____ Parents in home: \$ _____
Alimony \$ _____ Retirement(s) \$ _____ Disability \$ _____
Children \$ _____ Stock/Mut.Funds: _____ Investmt Property \$ _____
Social Security \$ _____ Child Support: _____ Other: _____

Expenses:

Rent/Mtg Paymt \$ _____ Utilities \$ _____ Phone/Internet \$ _____
Vehicle(s) \$ _____ Food \$ _____ Loan(s) \$ _____
Medical \$ _____ RX \$ _____ Transport \$ _____

Procedure: Submit completed application to Emily Cincotta at email address at the bottom of this document.

Upon receipt, application will be reviewed for completion, and assigned to two (2) Trustees to schedule an applicant-interview. The Trustees will compose a report following the interview and submit to Emily Cincotta for processing. The Application will be redacted and placed on the Board of Trustee Agenda for final action.

Should this application require more immediate assistance, the case will be advanced to the Trustees.

Monetary amount requested: \$ _____

I hereby certify the answers are true to the best of my knowledge, and I understand any misrepresentation or willful omission of facts shall be cause for corrective action up to and including repayment of all funds. I will further be legally reported to the appropriate authority for action.

Applicant Print name legibly

Applicant's Signature/ date

Rep-print name legibly _____

Sign/date _____