



**Broward REALTORS Charitable Foundation, Inc.**  
**1765 NE 26<sup>th</sup> St., (Wilton Manors) Ft. Lauderdale FL. 33305**  
**[www.Rworld.com/Foundations](http://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.

**Required: attach current government photo ID.**

**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: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_/Text:  Y or  N; email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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?
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- |          |                    |            |                          |
|----------|--------------------|------------|--------------------------|
| 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).*

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**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:

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**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:**

<b>Item:</b>	<b>Amount:</b>	<b>Paid to:</b>	<b>Comment:</b>
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.)*

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- **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](mailto:Nmacaluso@Rworld.com) OR Fax: 561-249-7867**



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*Please complete, your response helps us, help others.*

**In Your Own Words:**

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

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

*This application is confidential.*

*Generic information may be used in marketing, without reference of name(s) or specific details.*