



Assistance for R-BAR family when they encounter
financial hardships beyond their control

REQUEST FOR ASSISTANCE

Please, read all Policies and Procedures before completing and returning this form

I, _____, am completing this application for:

Beneficiary's Name		
Home Address of Beneficiary		
Phone Numbers	Personal ()	
	Business ()	
Email Address		
Names of Spouse/Partner and Immediate Family Members	<u>Name</u>	<u>Relationship</u>
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

Present Living Arrangements	<input type="checkbox"/> Own <input type="checkbox"/> Other _____ <input type="checkbox"/> Rent
Eligibility	<p>Based on the Policies and Procedures, which category do you belong to?</p> <p>A. Present or past Realtor® member in good standing for at least 12 consecutive months during the 2-year period immediately preceding his/her application (Qualified Association Realtor® Member)</p> <p>Yes ___ NO ___ If yes, please answer the following questions</p> <p>How long a member of R-BAR? _____</p> <p>Has Beneficiary participated in R-BAR committees? Yes ___ No ___</p> <p>If yes, please list them: _____</p> <p>Other community involvement: _____</p> <p>B. Family member of Qualified Association Realtor® Member (Spouse, Domestic partner or dependent child)</p> <p>Yes ___ NO ___</p> <p>Name of Realtor® Member _____</p> <p>C. Current or past R-BAR employee who is/has been employed for 12 consecutive months during the 2-year period immediately preceding his/her application and who worked/works at least on average 20 hours/week</p> <p>Yes ___ NO ___</p> <p>D. Real estate employee (working for a Qualified Association Member or an entity that is or has been a member in good standing for at least 12 consecutive months during the 2-year period immediately preceding the employee's application) who works a min. 35 hours/week</p> <p>Yes ___ NO ___ If yes, please answer the following questions</p> <p>Currently Employed? Yes ___ NO ___ If NO, since when? _____</p> <p>Current income/Salary _____ Annually</p> <p>Employer: _____</p> <p>How long employed with current employer/Agency? _____ years</p>

Monthly Expenses & Liabilities	<p>Rent/Mortgage \$ _____ Paid to: _____</p> <p>Electric \$ _____ Gas \$ _____</p> <p>Phone \$ _____ Internet \$ _____</p> <p>Cable \$ _____</p> <p>Insurance: Auto \$ _____ Life \$ _____ Health \$ _____</p> <p>Auto: Model _____ Year _____ Payment \$ _____ Model _____ Year _____ Payment \$ _____</p> <p>Credit Card debt: \$ _____ Name of Card Company: _____</p> <p>Credit Card debt: \$ _____ Name of Card Company: _____</p> <p>Student Loan: _____</p> <p>Alimony/child support: _____</p> <p>Other Monthly Bills or liabilities (attach additional page if necessary):</p> <p>Type/Amount _____</p> <p>Type/Amount _____</p>
Financial/ Insurance Information & Assets	<p>Cash Available \$ _____</p> <p>Balance of Checking Account: \$ _____</p> <p>Bank Name: _____</p> <p>Balance of Saving Account: \$ _____</p> <p>Bank Name: _____</p> <p>Value of retirement fund: \$ _____</p> <p>Value of Stocks, Bonds, and/or Mutual Funds: \$ _____</p>

	<p>Alimony or other settlement, please explain amount and type:</p> <p>_____</p> <p>Insurance Coverage? Yes _____ No _____</p> <p>Insurance Co. name: _____</p> <p>Total Deductible Amount \$ _____</p> <p>Market Value of Principal Residence: \$ _____</p> <p>Market Value of Investment Property(ies): \$ _____</p> <p>Any Additional Assets not already listed:</p> <p>_____</p> <p>_____</p>
<p>Financial Assistance Already Obtained and/or Sought</p>	<p>What other sources of relief have been initiated? (i.e lending agencies/credit union/family/friends/community service agencies/legal assistance/disability assistance...) _____</p> <p>_____</p> <p>Organization/Person: _____</p> <p>Contact/Relationship: _____</p> <p>Amount \$ _____ (attach additional page if necessary)</p>

Describe the situation regarding the application and the type of assistance you are requesting. Give detailed reason why assistance is needed.

PLEASE BE SPECIFIC AND ATTACH DOCUMENTS/BILLS TO VERIFY COSTS ASSOCIATED WITH THE REQUEST.

Requested Amount	Monetary Amount of Financial Assistance Requested \$ _____ (MAX.\$500)
Signature and certification of Beneficiary	<p>I certify that the above information is true to the best of my knowledge and I understand that any misrepresentation or willful omission of facts shall be cause for corrective action up to and including repayment of funds awarded. I authorize verification as deemed necessary and agree to help the R-BAR CARE Fund to obtain these verifications of requested.</p> <p>I acknowledge that the information provided in this application may be viewed by the R-BAR Care Fund, its members and R-BAR staff members. I further acknowledge that there will be an effort to protect my privacy but such cannot be warranted, I agree to save and hold harmless, including reasonable attorney fees and cost, R-BAR, its Board of Directors, The R-BAR CARE Fund, its Board of Directors, and R-BAR staff members arising out of any claim or cause of action relating to this matter.</p> <p>_____</p> <p>Beneficiary's Signature Date</p>
Person Completing this Application	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Email: _____</p> <p>Relationship with Beneficiary: _____ Years known: _____</p> <p>I hereby attest the information provided is true to the best of my knowledge.</p> <p>_____</p> <p>Signature Date</p>
Validation by Executive Director	<p>Having reviewed the facts provided, I recommend the Beneficiary.</p> <p>_____</p> <p>Signature Date</p>

Application and supporting documents may be e-mailed to _____ or mailed to:
R-BAR Care Fund c/o Reading-Berks Association of REALTORS®
2201 Ridgewood Rd, Suite 350
Wyomissing, PA 19610

PLEASE NOTE: Upon receipt and after administrative review, application will be distributed anonymously to R-BAR CARE Fund Board of Directors for their review. Applicant will be notified of the decision of the Directors' response within 30 days.

ALL APPLICATIONS AND INQUIRIES ARE CONFIDENTIAL

THIS SECTION FOR OFFICE USE ONLY		
Approved: _____ Denied: _____		
Remarks: _____		

Amounts to be paid:		
\$ Amount	Paid To	Check Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
By d: _____		Date: _____