

**CALIFORNIA ASSOCIATION OF REALTORS®
DISASTER RELIEF FUND APPLICATION**

APPLICANT'S PERSONAL INFORMATION

Type or Print Neatly

Last _____ First _____ M.I. _____ Last 4 digits of SS# _____
Mailing Address _____
City _____ State _____ Zip _____
Home # _____ Work # _____
E-mail Address _____ Cell # _____

Address of Property subject to Loss _____
City _____ State _____ Zip _____

Property Loss is:

- Principal Residence (own or rent/lease) Business Property (own or rent/lease)
 Other Property (e.g., clothing, equipment, vehicles), please specify: _____

(Attach *proof of ownership/rental* of property such as: copy of grant deed, tax assessor's statement, title report, mortgage payment, document, receipts and rental/lease agreement. Attach proof of loss such as: police or fire department report, insurance company letter, photos, or newspaper articles.)

Applicant is:

- REALTOR® Employee of REALTOR® Employee of Association of REALTORS®
C.A.R. Member Number or NRDS # _____
Local Association of REALTORS® name and contact information _____

If not a REALTOR®, name and contact information of employing REALTOR® or Local Association of REALTORS® (attach most current check-stub and/or have employer sign second page of application)

ASSISTANCE REQUESTED

Requested Amount \$ _____ (Maximum \$10,000, per calendar year)

Combined family pre-disaster gross yearly income: (Check one)

- 0-\$50,000 \$50,001-\$75,000
 \$75,001-\$100,000 over \$100,000

Description of Hardship:

Description of Financial Need (Please attach valid supporting documents to help assess financial need, including, but not limited to, tax returns, pay stubs, mortgage payment document, rental/lease agreement, insurance claim, available cash flow from all sources, assets that can be disposed of without causing further personal hardship, reasonable access to credit, spouses income, etc.):

Description of Intended Use of Funds (Please attach any valid supporting documents):

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Other Sources of Funds Applied For and/or Received (Please attach any valid supporting documents. For example: FEMA, Red Cross, HUD, Insurance Company):

Applicant has applied for additional funding from:

Applicant has received the following amount of funds from:

Declaration by Employer (required if not a REALTOR®):

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, that the applicant listed above was employed by *(name of employer)* _____ on *(date)* _____.

Additionally, I authorize the California Community Foundation and CALIFORNIA ASSOCIATION OF REALTORS® to contact me for additional information concerning such employee as it pertains to this application.

Name _____

Address _____

Contact Number _____

Signature _____ Date _____

Declaration by Applicant:

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. I agree that individuals and/or entities listed above, including my local Association of REALTORS®, may be contacted to verify information contained in this application. **Additionally, I authorize the California Community Foundation and CALIFORNIA ASSOCIATION OF REALTORS® to disclose any confidential and/or financial information to the California Association of REALTORS® Disaster Relief Fund Committee as it pertains to the above emergency.**

Signature _____ Date _____

Please send completed application with supporting documents to:

C.A.R. Disaster Relief Fund

Attn: Sharlena Bernard (213) 739-8297

525 S. Virgil Avenue SharlenaB@car.org

Los Angeles, CA 90020

For Committee Use Only -Please Print (MANDATORY):

_____ Reviewed completed application and supporting documentation

_____ Verified that other resources have been exhausted

Amount Approved: _____