



Confidential Application for Benevolent Fund Award

(Please print or type; and answer all questions thoroughly.)

Individuals eligible to submit an application or have an application submitted for him or her and receive assistance from the Fund include an Association member in good standing for 12 consecutive months during the 5 year period immediately preceding the application (“Qualified Association Member”); an employee of a Qualified Association Member and works a minimum of 20 hours per week; a family member of a Qualified Association Member (spouse, domestic partner, or child under the age of 21); an employee of the Association for 12 consecutive months during the 5 year period immediately preceding the application and works an average of at least 35 hours per week.

A. Identification:

1. Applicant’s Name _____ 2. Member ID _____

3. Real Estate Firm _____

4. Cell Phone _____ 5. Office Phone _____

If you are other than applicant and are assisting with this application:

6. Name _____

7. Home Phone _____ 8. Office Phone _____

B. Describe the situation or condition creating the need to request an award.

Be specific. For example, if illness or injury is involved, define the illness, dates hospitalized, doctor’s name, dates off work, date due back, etc. *Attach supporting documentation, i.e. doctor’s letter.*

C. What are you requesting be paid by the Benevolent Fund?

Applications for assistance must be for a specific need that would insure a specific benefit to the member or family member due to prolonged illness, catastrophic occurrence or accident -- for example, one month's health insurance premium to maintain insurance; one month's house note to prevent foreclosure due to prolonged illness; burial expenses when there are limited or no funds in the household; payment toward the purchase of special prosthesis, wheelchair, oxygen equipment, or organ transplant not fully covered by the member's insurance. Awards shall be issued directly to a vendor. *Attach copies of appropriate invoices or statements.*

Vendor's Name _____

Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

Vendor's Name _____

Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

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Description of obligation _____

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Description of obligation _____

Amount of Obligation to be paid _____ Account # _____

D. Define your financial status.

1. Monthly income of all persons in household:

Spouse _____ Alimony _____ Retirement _____
Disability _____ Children _____ Other _____

2. Monthly expense:

Rent _____ House Note _____ Utilities _____ Phone _____
Car Note _____ Credit Cards _____ Other Loans _____ Food _____
Wage Earner (how much/for how long) _____/_____ Other _____

3. Assets and Liabilities (You may attach an additional sheet if needed)

Assets:

Balance of Checking Account(s): _____
Name of Bank(s): _____
Balance of Savings Account(s): _____
Name of Bank(s): _____
Value of Stocks, Bonds, and/or Mutual Funds: _____
Name of Companies: _____
Cash Value of Life Ins. Policy: _____
Value of Retirement Fund(s) : _____
Market Value of Principal Residence: _____
Market Value of Investment Real Estate Property(ies): _____
Address of Investment Property(ies): _____
Market Value of Automobile(s) Owned: _____
Any Additional Assets Not Already Listed: _____

Total Assets: _____

Liabilities:

Mortgage Debt on Principal Residence: _____
Equity Line of Credit on Principal Residence: _____
Debt on Investment Real Estate Property(ies): _____
Debt on Automobile(s): _____
Credit Card(s) Debt: _____
Name of Card Company: _____
Credit Card(s) Debt: _____
Name of Card Company: _____
Student Loan Debt: _____
Alimony/ Child Support : _____
Any Additional Liabilities Not Already Listed: _____

Total Liabilities: _____

Net Assets and Liabilities: _____

E. What other sources of relief have been initiated?

- 1. I have contacted the vendor(s) regarding these obligations.
- 2. I have requested assistance from my real estate firm. If so, what has been the response? _____
- 3. I have contacted lending agencies, credit union, family/friends, community service agency.
- 4. I have sought legal assistance.
- 5. I have applied for disability.
- 6. I have attended credit counseling.
- 7. Other _____

F. List all the persons living with you.

Name	Relationship	In school (Y/N/What Grade)	Working/Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Your Broker/Firm

Attach a letter from the broker of your office (or ask him or her to send separately) expressing his comments and recommendations regarding your application.

H. Certification

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 MAAR Benevolent Fund to obtain these verifications if requested.

I acknowledge that the information provided in this application may be viewed by the MAAR Benevolent Fund Corporation, its Members, and MAAR 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, MAAR, its Board of Directors, the MAAR Benevolent Fund Corporation, its Board of Directors, and MAAR staff members arising out of any claim or cause of action relating to this matter.

 (Signature) _____
(Date)

Procedure: Upon receipt, a meeting of the MAAR Benevolent Fund Corporation will be called. If you have any questions, please call Aubrie Kobernus at (901)818-2423 or e-mail akobernus@maar.org. Applications may be mailed to: MAAR Benevolent Fund Corp., 6393 Poplar Avenue, Memphis, TN 38119 or faxed to 901-761-4003.