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 # _____________

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 # _____________
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.

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<th>Name</th>
<th>Relationship</th>
<th>In school (Y/N/What Grade)</th>
<th>Working/Where</th>
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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 Trustees, 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 MAAR at 685-2100 and ask for the Benevolent Fund or e-mail benevolentfund@maar.org. Applications may be mailed to: MAAR Benevolent Fund, 6393 Poplar Avenue, Memphis, TN 38119 or faxed to 901-761-4003.