



## REALTOR FAMILY FUND

Confidential Request

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In making this request, please remember, the Realtor Family Fund is an IRS 501 C (3) tax exempt organization and must adhere to IRS guidelines in evaluation of requests. Therefore we request that you fill out this application as completely as possible.

Date \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Business: \_\_\_\_\_ Phone # \_\_\_\_\_

Recipient Information:

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City State Zip

Business Address: \_\_\_\_\_

City State Zip

Phone Numbers: \_\_\_\_\_

Please be ***SPECIFIC*** in assistance requested. Please provide as much information as possible to help the RFF Trustees consider your request. Attaching supporting documentation will help in expediting the trustee's decision on your request.

Medical:(ie. a medical bill the RFF could pay) \_\_\_\_\_

\_\_\_\_\_

Household:(ie. a household bill the RFF could help in paying) \_\_\_\_\_

\_\_\_\_\_

Monetary:(Be specific for the use of donation) \_\_\_\_\_

\_\_\_\_\_

\*Please note that additional documents may be requested.

Does applicant have access to any other assets or assistance that would meet their needs?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is Medical insurance available? YES \_\_\_\_\_ NO \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

(Signature)

Who may we contact/notify if we need additional information regarding this application?

Name \_\_\_\_\_ Phone# \_\_\_\_\_

For Committee use:

Application Received: \_\_\_\_\_ Date Considered: \_\_\_\_\_

Committee Action: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Funds Approved: \_\_\_\_\_ Check # \_\_\_\_\_

Amount of other RFF donations designated to this recipient: \$ \_\_\_\_\_ Date \_\_\_\_\_