

Real Estate Family Fund of Laramie County, Inc.
Board of Trustees
500 E 18th St.
Cheyenne, WY 82001
cheyennerff@gmail.com

The Real Estate Family Fund of Laramie County, Inc., is an IRS 501(c)(3) tax-exempt organization and must adhere to IRS guidelines in evaluating requests. Please complete this application as fully as possible and attach any additional information applicable to your request.

**Our regular meetings are held the second Monday of each month.
Please indicate the desired response time for your request.**

- Please review and respond in connection with your regular set meeting
- This is a dire emergency, please request a special emergency meeting to consider this request.

DATE: _____

REQUESTER INFORMATION:

NAME: _____

PREFERRED METHOD OF COMMUNICATION: _____

PHONE NUMBER: _____

RELATION TO THE RECIPIENT: _____

EMAIL: _____

RECIPIENT INFORMATION:

NAME: _____

PREFERRED METHOD OF COMMUNICATION: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

EMPLOYER: _____

Is this person aware you are making this request on their behalf? YES NO

***If the person is unaware you are making this request on their behalf, you will need to provide proof on their behalf that aid is needed and that there is no other outlet providing aid sufficient enough to cover their need.

May a trustee reach out to the proposed recipient for further information/clarification? YES NO

May a trustee reach out to you for further information/clarification? YES NO

Is the recipient a current, past or future member of the Southern Wyoming Realtor Association? YES NO

(This does NOT impact qualification for funds but assists us in proving we support ALL Laramie County.)

How did you hear about RFF? _____

Specific dollar amount or aid being requested: \$_____

REQUEST DETAILS:

Please be **SPECIFIC** and provide as much information as possible on the recipient's need to help RFF trustees consider your request. Requests need to outline the issues being faced, what obstacles the recipient is facing, and what, if anything, has been done or could be done to avoid needing assistance. **In addition, please supply documentation to support the need.**

Specific Need (Please select all that apply):

Transportation (please explain): _____

Childcare(please explain): _____

Food(please explain): _____

Medical/Medications/Travel/Caregiver (please explain):
Is medical insurance available and are there any expected reimbursements coming? (Please explain)
 YES NO _____

Mortgage/Rent/Shelter/Temp Housing(please explain): _____

Utilities (please explain): _____

Funeral/Memorial Expenses(please explain): _____

Insurance Expenses (please explain): _____

Legal or Administrative: (Probate filings, death certificates, etc.: (please explain): _____

Other(please explain): _____

Attach a letter that appropriately outlines the above required information.

Does this recipient have access to other assets or assistance that would meet their needs?

- GoFundMe YES NO
- Church Group YES NO
- Other local organizations and/or non-profits that have been engaged YES NO
- _____

IMPACT: Please describe the expected outcome or impact of the assistance provided by the Real Estate Family Fund of Laramie County. Inc.

FINAL DETAILS: If the application is approved, who should we contact?

AFFIRMATION OF UNDERSTANDING:

By submitting this request, I affirm that I understand the Real Estate Family Fund of Laramie County, Inc. is dedicated to fostering a community of care and compassion by providing financial support to our community members and local nonprofit organizations in times of need. Through our enduring commitment of love, honor, devotion, and compassion we aim to create a positive impact within Laramie County, empowering individuals and enriching the community we serve. This request reflects that mission.

Signature: _____ Date: _____

*******Please attach any additional documentation that may assist in processing your request. Additional documents may be requested if necessary. Examples: Mortgage bills, Utility bills, Medical bills, Accident details, Insurance claims, Repair bills, etc. *******

Conditions for Approval – Standard Practice

Financial assistance from the Fund is granted at the sole discretion of the Board of Directors and is subject to the following conditions. These conditions apply to all approved requests unless expressly waived by Board vote due to extraordinary circumstances. **1. Use of Funds (Restricted Purpose):** Approved funds must be used only for the specific purpose(s) outlined in the approved request and may not be redirected or used for unrelated expenses. If circumstances change, the recipient or nominator must notify the Fund prior to use of the funds. **2. Payment Method & Direct Pay Preference:** As a standard practice, funds will be paid directly to a service provider whenever possible. Direct payment to an individual may be approved only when third-party payment is not feasible. **3. Documentation Requirement:** Approval is contingent upon submission of verifiable documentation supporting the requested assistance. Failure to provide requested documentation may result in delayed disbursement or denial/withdrawal of approval. **4. Amount, Limits & Partial Awards:** The Fund may approve full or partial assistance. Approval of a request does not guarantee approval of the full amount requested. Assistance is subject to established Fund limits and stewardship considerations. **5. One-Time Assistance Expectation:** Assistance is intended to address acute or emergency needs and is not intended as ongoing financial support. Repeat requests may be considered but are not guaranteed. **6. Confidentiality & Privacy:** All requests and approvals are treated strictly confidential. No identifying information will be disclosed. **7. No Guarantee / No Precedent:** Approval of assistance does not establish precedent, imply entitlement, or obligate the Fund to provide future assistance. **8. Right to Impose Conditions:** The Board reserves the right to impose reasonable conditions on the form, timing, or method of assistance and may require coordination with other resources. **9. Misrepresentation or Fraud:** If information provided is knowingly false or misleading, or funds are misused, the Fund may revoke approval, require repayment, and/or decline future requests. **10. Acknowledgement of Conditions:** Prior to disbursement, the recipient or nominator must acknowledge these conditions in writing.

Acknowledgment

I understand that assistance from the Fund is discretionary, may be limited, and must be used solely for the approved purpose. I certify that the information provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

