

TRAR MEMBERS HELPING MEMBERS

Purpose:

To provide TRAR members, their spouse or child with financial assistance in instances of disaster or emergency hardship situations.

1. For TRAR Realtors and Affiliates in good standing for 12 consecutive months prior to application for assistance or their immediate family members.
2. Past TRAR REALTOR members, who were in good standing for at least 36 months.
3. Applications for assistance must be for a specific basic need and be accompanied by proper documentation that the person receiving the assistance from the Fund is suffering severe financial hardship and all other sources of relief have been exhausted.
4. The extreme financial hardship must be due to prolonged illness, a catastrophic event or accident, or similar occurrence beyond the control of the party receiving the assistance.
5. The grant or grants of any particular recipient shall not exceed an aggregate of \$2,500 during any 12-month period.
6. Grants will be used to provide assistance with:
 - a. Medical costs (i.e. temporary medical payments/insurance payments to continue coverage while out of work);
 - b. Medical conditions that require medical/vision/dental prosthesis that could hinder a candidate from working with the public due to their loss;
 - c. Transportation to take a candidate who is incapacitated to a medical treatment/appointment;
 - d. Shelter including repairs, rent mortgage;
 - e. In the event of a candidate's death, assistance with funeral arrangement will be considered;
 - f. Other expenses as deemed necessary.
7. Payment to be made directly to the medical facility, lender, insurance company, etc. **No payments are made directly to the candidate.**
8. An "Advisory Committee" comprised of 5 non-member trustees will review all applications, interview candidates as needed and make recommendations to the Board of Directors for approval.

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Candidate Application

(All information provided below will be treated CONFIDENTIALLY.)

Proposed Candidate: _____

Please check one: _____ Nominating Self _____ Nominating Other

Your Name: _____ Phone Number: _____

Candidate's Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Direct Phone Number: _____ Email: _____

Describe what has happened to cause your financial hardship:

Describe in detail your immediate basic needs:

Provide the name of the vendor, the complete address, the account number (when relevant), amount due, and due date. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupons, statement, etc.)**

Vendor Name: _____

Vendor Address: _____

Basic Need Covered: _____

Payment & Due Date: _____

Account Number: _____

Vendor Name: _____

Vendor Address: _____

Basic Need Covered: _____

Payment & Due Date: _____

Account Number: _____

Vendor Name: _____

Vendor Address: _____

Basic Need Covered: _____

Payment & Due Date: _____

Account Number: _____