



24725 W Twelve Mile Rd, Ste 100
Southfield, MI 48034
(248)478-1700
www.greaterrealtorsfoundation.com

Confidential Application for Benevolent Fund Award

Individuals eligible to submit an application and receive assistance from the Greater Realtors® Foundation include active members of GMAR, in good standing for twelve (12) consecutive months preceding the application.

Identification:

GMAR Member Name _____

Office Name _____

Cell Phone / Email Address _____

Describe the situation or condition creating the need to request assistance. Be specific. Please attach any supporting documentation as appropriate to further describe and substantiate the need, e.g. doctor's letter, demand for possession for non-payment of rent, dunning letter, etc. *Do NOT attach information or any personal non-public information that you do not wish to be shared with GMAR, GRF, or those entities employees, agents, board members or volunteers who may, reasonably be expected to come into contact with this application and its attachments.*

Source of Income?

The Greater Realtors® Foundation is committed to compliance with all federal, state, and local fair housing laws and will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, sexual orientation, gender identity or any other specific classes protected by applicable state or federal laws or the National Association of Realtors Code of Ethics..

Recipient will be requested to provide proof of additional sources of income received since March 24, 2020, if any, or certify in writing that no additional income was received since that date.

All information, including the identity of applicants, will be treated as confidential and will be redacted by GMAR staff prior to review by the Foundation Board of Directors, but please see certification below.

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 immediate family member due to the Covid-19 Pandemic. Please attach copies of appropriate invoices, statements or documentation.

Name of Vendor or Creditor: _____

Description of obligation: _____

Amount of assistance requested: \$ _____ (maximum request is \$500, payment above documented need will not be considered)

Applicant must provide one (1) written character reference from a non-family member. Please attach to application.



Board of Directors

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Director

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Director



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Certification: I certify that the above information is true and accurate to the best of my knowledge and understanding at the time of making this application. I understand that any misrepresentation or willful omission of facts shall be cause for corrective action up to and including request for repayment of funds awarded and prohibition from making future applications to the GRF Benevolent Fund. I authorize verification of all information included herein as reasonably deemed necessary by the Board of Directors and I agree to help the GRF Benevolent Fund to obtain these verifications, if so requested. I acknowledge that the information provided in this application may be viewed by GMAR staff, the Greater Realtors® Foundation, its Board members, and staff members.

I further acknowledge that, while there will be a reasonable effort to protect my privacy and maintain the confidentiality of the information provided as a part of this application, I understand and agree that no guaranty of privacy has been made by GMAR, the Greater Realtors Foundation or GRF Board Members, either individually or in their representative capacity, so as to create any reasonable expectation of privacy relative to my identity and supporting documentation to my application.

I agree to indemnify, defend and hold harmless, including reasonable attorney fees and cost, GRF, its Board of Directors, the GRF Benevolent Fund, its Board of Directors, and staff members from any and all claims arising out of my making this application.

(Electronic Signature & Date)

Procedure:

Upon receipt of a complete application, a meeting of the full GRF Board of Directors or a sub-committee so designated, will be called to review your application. Applicants will be notified after a decision is made or if additional information is required to make a decision. If you have any questions, please contact Caryn MacDonald at (248) 478-1700 or email Caryn@GMAROnline.com



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