



REALTOR FAMILY FUND

Confidential Request

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 _____