



16980 South Harlan Road
Lathrop, CA 95330
Office: 209-858-1700
Fax: 209-858-1709
Website: cvar.org

APPLICATION FOR MEMBERS HELPING MEMBERS

Mission Statement

Members Helping Members (MHM) raises funds that are distributed to Central Valley Association of REALTORS® (CVAR), REALTOR® members or Affiliate members, who have experienced a catastrophic event in their lives which resulted in a financial hardship.

To apply for assistance from the Members Helping Members program, please download and submit the application which is available here.

For more information on MHM, please contact CVAR at 209-858-1700 or staff@cvar.org

- The application filled out by: Applicant Advocate (person representing Applicant)
- Advocate/Applicant will be contacted by an MHM Advisory Committee member requesting additional information.
- Information is confidential and will be reviewed only by the Advisory Committee.

Purpose

To provide assistance to Central Valley Association of REALTORS® members or their immediate families who may find themselves in need of financial assistance due to an unforeseen catastrophe defined as a medical emergency, accident, long-term or terminal medical diagnosis, physical disability, death, or other financial hardship.

Qualifications

Central Valley Association of REALTORS® member in good standing within the last twelve months from the date of application.

Criteria For Assistance:

- Applicant must provide specific need for assistance, by completing application in its entirety.
- Applicant must indicate how CVAR can facilitate that need. Applicant agrees to be contacted by an Advisory Committee member for additional information as needed.
- After distribution, additional funds may be available upon submission of new application.



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What is the catastrophic hardship that led to this request?

Description of intended use of funds:

When is the assistance needed?

Applicant: Name _____ NRDS Member # _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____ Email Address _____

Applicant is a REALTOR® Affiliate

Advocate: Name _____

Phone # _____

Email Address _____

Applicant Signature

Date

Advocate Signature (if applicable)

Best time to reach you

Print Name