



## 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.

For more information on MHM, please contact CVAR at 209-858-1700 or [staff@cvar.org](mailto: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.
- All supplied information is held in strict confidence and will be reviewed only by authorized individuals.

### 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.


\*For purposes of subdivision (d) of Labor Code Section 2066, "immediate family member" means spouse, domestic partner, cohabitant, child, stepchild, grandchild, parent, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, great grandparent, brother, sister, half-brother, half-sister, stepsibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or first cousin (that is, a child of an aunt or uncle).


### 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.
  - Statements substantiating the need may be requested by the committee.

 What is the catastrophic hardship that led to this request? Please be as detailed as possible. Attach another page if needed.

 Description of intended use of funds:

**Applicant:** Name \_\_\_\_\_ NRDS Member # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(STREET) (CITY, STATE, ZIP)

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant is a (circle one):      REALTOR® / Affiliate

**Advocate:** Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advocate Signature (if applicable)

\_\_\_\_\_  
Date