



## 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.**
- **One application per event per 12 month period.**

 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