1212 McHenry Ave., Modesto, CA 95350 | PH: (209) 858-1700 | www.cvar.org

APPLICATION FOR MEMBERS HELPING MEMBERS

Mission Statement

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

For more information on MHM, please contact Central Valley Association of REALTORS® (CVAR) at 209-858-1700 or jessica@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 CVAR members and staff 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.

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