

# CCAR HELPING HANDS APPLICATION (CONFIDENTIAL)

### CHARITABLE OBJECTIVE

Our mission is to provide financial assistance to CCAR Members, their immediate families, and to members of the communities that CCAR serves due to prolonged illness, accident or other catastrophic occurrence, and to contribute to our communities.

#### ELIGIBILITY

Individuals eligible to submit an application or have an application submitted for them and receive assistance from CCAR Helping Hands include a: CCAR REALTOR® Member or Affiliate Member in good standing, a family member of a qualified CCAR REALTOR® Member or Affiliate Member or Affiliate Member, or child under the age of 21), or a member of the community presented by a qualified CCAR REALTOR® Member or Affiliate Member.

Applications for assistance must be for a specific need that would insure a specific benefit to the eligible CCAR Member, family member, or community member due to prolonged illness, accident, or other catastrophic occurrence.

The completed application and supporting materials may be emailed to: helpinghands@ccartoday.com or mailed to: Contra Costa Association of REALTORS® Helping Hands, 1870 Olympic Blvd., Suite 200, Walnut Creek, CA 94596.

While your application will be given every consideration, CCAR Helping Hands does not guarantee any grants or assistance will be given.

If you have any questions, please contact the CCAR Helping Hands Chairperson at helpinghands@ccartoday.com.

## A. IDENTIFICATION

1. Applicant's Name:

2.	Home Address:	(city)	(state)	(zip code)
3.	Home Telephone Number:	4. Relationship to CCAR Member	·. ·	
CCAR Member Info:				
5.	Name:			
6.	Member Number:	7. Firm Name:		
8.	Firm Address:	(city) (:	state)	(zip code)
9.	Firm Telephone Number:			
	Contra Costa Association of REALTORS <sup>®</sup> • 1870 Olympic	Boulevard • Suite 200 • Walnut C	reek, CA 94596	C



## **B. SITUATION**

1. Describe the situation or condition creating the need to request assistance.

2. What are you requesting be paid by CCAR Helping Hands? For example, monetary needs due to prolonged illness; one month's health insurance premium to maintain insurance; burial expenses when there are limited or no funds available in the household; payment toward the purchase of special medical equipment; groceries. Please attach copies of appropriate invoices or statements.

3. What other sources of relief have been initiated? (i.e. lending agencies, credit union, family/friends, community service agencies, legal assistance, disability assistance, credit counseling, etc.)

