

**LAGUNA BOARD OF REALTORS CHARITABLE ASSISTANCE FUND
APPLICATION**

Type or Print Neatly

APPLICANT'S PERSONAL INFORMATION

Name: _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Office Phone #** _____

Email Address _____

Realtor _____ **Affiliate** _____

ASSISTANCE REQUESTED

Requested Amount _____ (Maximum \$5,000 per calendar year)

Description of Hardship: _____

Description of Financial Need: (Please attach valid supporting documents to help assess Financial need, including but not limited to, rental agreement, insurance claim, available cash flow from all sources, reasonable access to credit, other sources of income.)

Declaration:

By signed below, under penalty of perjury, I declare to the best of my knowledge and belief, the Above stated information that others listed above, including the Laguna Board of Realtors Charitable Assistance Fund may be contacted to verify application.

Signature _____ **Date** _____

Please submit completed application with supporting documents to:

Laguna Board of Realtors Charitable Assistance Fund, P.O. Box 4048, Laguna Beach, CA
92652

Phone: 949-497-2474 Fax: 949-376-9744

For Selection Committee Use Only:

_____ Reviewed completed application and supporting documentation

_____ Verified that other resources have been exhausted

Amount Approved _____

Selection Committee Chairperson's Signature: _____

Date: _____

Phone: _____ Email: _____