

**NORTHWEST MISSISSIPPI ASSOCIATION OF  
REALTORS®  
BENEVOLENCE FUND**

**Confidential Application for Benevolence Fund Award**

*(Please print or type; and answer all questions thoroughly.)*

Individuals eligible to submit an application or have an application submitted for him or her and receive assistance from the Fund include an NWMAR member in good standing for 12 consecutive months during the 5 year period immediately preceding the application (“Qualified Association Member”) or he or she is not a current Member, but has recently been a Member in good standing of NWMAR for twelve (12) consecutive months during the two (2) year period immediately preceding his/her application for assistance (also being deemed a “Qualified NWMAR Member”); an employee of a Qualified Association Member and works a minimum of 20 hours per week or he or she is not a current employee, but has recently been an employee of and worked a minimum of twenty (20) hours a week for a Qualified NWMAR Member in good standing (or an entity that was or has been a Qualified NWMAR Member in good standing) for a minimum of twelve (12) consecutive months during the two (2) year period immediately preceding the employee’s application for assistance; a family member of a Qualified Association Member (spouse, domestic partner, or child under the age of 21); an employee of the Association for 12 consecutive months during the 5 year period immediately preceding the application and works an average of at least 35 hours per week or was an employee of NWMAR for twelve (12) consecutive months during the two (2) year period immediately preceding his/her application for assistance working at least 35 hours per week.

**A. Identification:**

1. Applicant’s Name \_\_\_\_\_ 2. Member ID \_\_\_\_\_

3. Real Estate Firm \_\_\_\_\_

4. Cell Phone \_\_\_\_\_ 5. Office Phone \_\_\_\_\_

*If you are other than applicant and are assisting with this application:*

6. Name \_\_\_\_\_

7. Home Phone \_\_\_\_\_ 8. Office Phone \_\_\_\_\_



**C. What are you requesting be paid by the Benevolence Fund?**

Applications for assistance must be for a specific need that would insure a specific benefit to the member or family member due to prolonged illness, catastrophic occurrence or accident -- for example, one month's health insurance premium to maintain insurance; one month's house note to prevent foreclosure due to prolonged illness; burial expenses when there are limited or no funds in the household; payment toward the purchase of special prosthesis, wheelchair, oxygen equipment, or organ transplant not fully covered by the member's insurance. Awards shall be issued directly to a vendor. *Attach copies of appropriate invoices or statements.*

Vendor's Name \_\_\_\_\_

Description of obligation \_\_\_\_\_

\_\_\_\_\_

Amount of Obligation to be paid \_\_\_\_\_ Account # \_\_\_\_\_

Vendor's Name \_\_\_\_\_

Description of obligation \_\_\_\_\_

\_\_\_\_\_

Amount of Obligation to be paid \_\_\_\_\_ Account # \_\_\_\_\_

Vendor's Name \_\_\_\_\_

Description of obligation \_\_\_\_\_

\_\_\_\_\_

Amount of Obligation to be paid \_\_\_\_\_ Account # \_\_\_\_\_

Vendor's Name \_\_\_\_\_

Description of obligation \_\_\_\_\_

\_\_\_\_\_

Amount of Obligation to be paid \_\_\_\_\_ Account # \_\_\_\_\_

**D. Define your financial status.***Provide recent documentation for each item, additional documents may be requested.*

## 1. Monthly income of all persons in household:

Spouse \_\_\_\_\_ Alimony \_\_\_\_\_ Retirement \_\_\_\_\_  
 Disability \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

## 2. Monthly expense:

Rent \_\_\_\_\_ House Note \_\_\_\_\_ Utilities \_\_\_\_\_ Phone \_\_\_\_\_  
 Car Note \_\_\_\_\_ Credit Cards \_\_\_\_\_ Other Loans \_\_\_\_\_ Food \_\_\_\_\_  
 Wage Earner (how much/for how long) \_\_\_\_\_/\_\_\_\_\_ Other \_\_\_\_\_

## 3. Assets and Liabilities (You may attach an additional sheet if needed)

## Assets:

Balance of Checking Account(s): \_\_\_\_\_

Name of Bank(s): \_\_\_\_\_

Balance of Savings Account(s): \_\_\_\_\_

Name of Bank(s): \_\_\_\_\_

Value of Stocks, Bonds, and/or Mutual Funds: \_\_\_\_\_

Name of Companies: \_\_\_\_\_

Cash Value of Life Ins. Policy: \_\_\_\_\_

Value of Retirement Fund(s) : \_\_\_\_\_

Market Value of Principal Residence: \_\_\_\_\_

Market Value of Investment Real Estate Property(ies): \_\_\_\_\_

Address of Investment Property(ies): \_\_\_\_\_

Market Value of Automobile(s) Owned: \_\_\_\_\_

Any Additional Assets Not Already Listed: \_\_\_\_\_

Total Assets: \_\_\_\_\_

## Liabilities:

Mortgage Debt on Principal Residence: \_\_\_\_\_

Equity Line of Credit on Principal Residence: \_\_\_\_\_

Debt on Investment Real Estate Property(ies): \_\_\_\_\_

Debt on Automobile(s): \_\_\_\_\_

Credit Card(s) Debt: \_\_\_\_\_

Name of Card Company: \_\_\_\_\_

Credit Card(s) Debt: \_\_\_\_\_

Name of Card Company: \_\_\_\_\_

Student Loan Debt: \_\_\_\_\_

Alimony/ Child Support : \_\_\_\_\_

Any Additional Liabilities Not Already Listed: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_

Net Assets and Liabilities: \_\_\_\_\_

**E. What other sources of relief have been initiated?**

1. \_\_\_\_ I have contacted the vendor(s) regarding these obligations.
2. \_\_\_\_ I have requested assistance from my real estate firm. If so, what has been the response? \_\_\_\_\_
3. \_\_\_\_ I have contacted lending agencies, credit union, family/friends, community service agency.
4. \_\_\_\_ I have sought legal assistance.
5. \_\_\_\_ I have applied for disability.
6. \_\_\_\_ I have attended credit counseling.
7. \_\_\_\_ Other \_\_\_\_\_

**F. List all the persons living with you.**

Name	Relationship	In school (Y/N/What Grade)	Working/Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**G. Your Broker/Firm**

*Attach a letter from the broker of your office (or ask him or her to send separately) expressing his comments and recommendations regarding your application.*

**H. Certification**

I certify that the above information is true to the best of my knowledge and I understand that any misrepresentation or willful omission of facts shall be cause for corrective action up to and including repayment of funds awarded. I authorize verification as deemed necessary and agree to help the NWMAR Benevolence Fund to obtain these verifications if requested.

I acknowledge that the information provided in this application may be viewed by the NWMAR Benevolence Fund, its Members, and NWMAR staff members. I further acknowledge that there will be an effort to protect my privacy but such cannot be warranted. I agree to save and hold harmless, including reasonable attorney fees and cost, NWMAR, its Board of Directors, the NWMAR Benevolence Fund , its Board of Trustees, and NWMAR staff members arising out of any claim or cause of action relating to this matter.

---

(Signature)

---

(Date)

**Procedure:** Upon receipt, a meeting of the NWMAR Benevolence Fund will be called. If you have any questions, please call NWMAR at 662-449-3553 and ask for the Benevolence Fund or e-mail [benevolencefund@nwmar.com](mailto:benevolencefund@nwmar.com). Applications may be mailed to: NWMAR Benevolence Fund, P. O. Box 7, Nesbit, MS 38651 or faxed to 662-449-3599.