



Knoxville Area Association of REALTORS'  
**BENEVOLENT FUND**

## Confidential Application for KAAR Benevolent Fund Assistance

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 Association member in good standing for 12 consecutive months during the 5 year period immediately preceding the application (“Qualified Association Member”); an employee of a Qualified Association Member and works a minimum of 20 hours per week; 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.

### 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 \_\_\_\_\_

9. If you are other than an Association member, please state your relationship to the Qualified Association member:

\_\_\_\_\_

### DESCRIPTION

Describe the situation or condition creating the need to request assistance. Be specific. For example, if illness or injury is involved, define the illness, dates hospitalized, doctor’s name, dates off work, date due back, etc. Attach supporting documentation, i.e. doctor’s letter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST TYPE**

What are you requesting be paid by the Benevolent Fund? Applications for assistance must be for a specific need that would insure a specific benefit to the applicant 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 applicant's insurance. Assistance shall be issued directly to a vendor.

*Attach copies of appropriate invoices or statements*

I. Vendor's Name \_\_\_\_\_

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

\_\_\_\_\_

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

II. Vendor's Name \_\_\_\_\_

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

\_\_\_\_\_

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

**FINANCIAL STATUS**

1. Monthly income of all persons in household:

Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

Children \_\_\_\_\_

Alimony \_\_\_\_\_ Retirement \_\_\_\_\_

Disability \_\_\_\_\_ Other \_\_\_\_\_

2. Monthly expense:

Rent \_\_\_\_\_ House Note \_\_\_\_\_

Utilities \_\_\_\_\_ Phone \_\_\_\_\_

Car Note \_\_\_\_\_ Food \_\_\_\_\_

Credit Cards \_\_\_\_\_ Other Loans \_\_\_\_\_

Wage Earner (how much/for how long) \_\_\_\_\_ / \_\_\_\_\_

Other \_\_\_\_\_

**FINANCIAL STATUS CONTINUED**

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: \_\_\_\_\_

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

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

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: \_\_\_\_\_

**OTHER SOURCES OF RELIEF**

\_\_\_\_\_ I have contacted the vendor(s) regarding these obligations.

\_\_\_\_\_ I have requested assistance from my real estate firm. If so, what has been the response?

\_\_\_\_\_

\_\_\_\_\_ I have contacted lending agencies, credit union, family/friends, community service agency

\_\_\_\_\_ I have sought legal assistance.

\_\_\_\_\_ I have applied for disability.

\_\_\_\_\_ I have attended credit counseling.

\_\_\_\_\_ Other \_\_\_\_\_

**WHO LIVES WITH YOU**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

School (Y/N, Grade) \_\_\_\_\_ Job Name/Title \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

School (Y/N, Grade) \_\_\_\_\_ Job Name/Title \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

School (Y/N, Grade) \_\_\_\_\_ Job Name/Title \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

School (Y/N, Grade) \_\_\_\_\_ Job Name/Title \_\_\_\_\_

## **YOUR BROKER/FIRM**

Attach a letter from your broker if your broker is aware of your situation (or ask him or her to send separately) expressing his comments and recommendations regarding your application. You may also attach a letter from anyone else addressing pertinent information.

## **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 KAAR Benevolent Fund to obtain these verifications if requested.

I acknowledge that the information provided in this application may be viewed by the KAAR Benevolent Fund Corporation, its Board of Directors, and the CEO. 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, KAAR, its Board of Directors, the KAAR Benevolent Fund Corporation, its Board of Directors, and KAAR staff members arising out of any claim or cause of action relating to this matter.

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Signature

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Date

## **PROCEDURE**

Upon receipt, a meeting of the KAAR Benevolent Fund Corporation will be called. If you have any questions, or to mail your application, please contact KAAR:

Phone: 865-584-8647 (ask for the Benevolent Fund)

E-mail: [benevolentfund@kaarmls.com](mailto:benevolentfund@kaarmls.com)

Mail: KAAR Benevolent Fund  
609 Weisgarber Road  
Knoxville, TN, 37919