

OCAR CARES APPLICATION

The OCAR Cares Foundation Member Relief Program was created to assist OC REALTORS® members suffering financial hardship due to the onset of a major illness, accident, or other unforeseeable life-changing event. Requests will be considered by the OCAR Cares Foundation Member Relief Review Committee (MRRC). Written proof of financial burden (including bills) may be requested by the MRRC program coordinator (a third-party).

Date:			
Member requesting assistance: In order to qualify for assistance, the member-applicant must be a primary OC REALTORS®, Affiliate Member, or a member of the Management Team in good standing for a minimum of three (3) years out of the last five (5) years. Requests for assistance must be for the member.			
Office Name:			
Address (Home / Office): Please select one Street	City	State	Zip
Email:	Phone:		
What is your hardship?			
Do you have any other source of household income?	lf yes, please explair		
Have you previously received funds from OCAR Care	rs? Yes	No	
Have you previously contributed to OCAR Cares?	Yes	No	
Amount requested:			
Funds will be released only to pay or reimburse applic health/medical, family emergency, and memorial. Fun OC REALTORS [®] . Funds released for any applicant will occurrence.	ds shall not be used t	o pay directly any	amount due to
Help Others By Sharing Your Story: Should your application be approved, do you give OC of how OCAR Cares has helped you? (Your name will contact you for more information and to obtain your a	be withheld). If you s	elect "yes," we wi	

My signature certifies that all information provided on my application is true and correct.

Signature: _