ORANGE COUNTY REALTORS®
Association of Professionals

# 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? If yes, please explain. _____

_____

_____

Have you previously received funds from OCAR Cares? ☐ Yes ☐ No

Have you previously contributed to OCAR Cares? ☐ Yes ☐ No

Amount requested: _____

Funds will be released only to pay or reimburse applicant for expenses falling into the approved categories of health/medical, family emergency, and memorial. Funds shall not be used to pay directly any amount due to OC REALTORS®. Funds released for any applicant will be between $100 minimum and $4,000 maximum per occurrence or up to $10,000 per catastrophic occurrence.

**Help Others By Sharing Your Story:**

Should your application be approved, do you give OC REALTORS® permission to share your story of how OCAR Cares has helped you? (Your name will be withheld). If you select "yes," we will contact you for more information and to obtain your approval on what will be shared. ☐ Yes ☐ No

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

Signature: _____

**Ways to Submit Application**

Mail: OC REALTORS®, Attn: OCAR Cares Foundation Member Relief Review Committee, 25552 La Paz Rd., Laguna Hills, CA 92653
Fax: (949) 586-3056
Email: ocarcares@ocrealtors.org

Rev. 100220