

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 member of the Management Team in good standing for a mi Requests for assistance must be for the member.	
Office Name:	
Address (Home/ Office): Please select one Street	City State Zip
Email:	Phone:
Where did you find out about OCAR Cares? (Check one)	
OC REALTOR® Magazine Social M	1edia OCR Staff
A Member Other _	
What is your hardship?	
Do you have any other source of household income? If yes	os please explain:
bo you have any other source of household income: if ye.	s, 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 health/medical, family emergency, and memorial. Funds should be concurrence or up to \$10,000 per catastrophic occurrence.	hall not be used to pay directly any amount due to
Help Others By Sharing Your Story: Should your application be approved, do you give OC REA of how OCAR Cares has helped you? (Your name will be we contact you for more information and to obtain your approximation)	vithheld). If you select "yes," we will
My signature certifies that all information provided on my a	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.020623