



KW Cares Grant Criteria

The purpose of emergency grants is to provide a measure of financial assistance to support Keller Williams Realty associates and their immediate families, including qualified domestic partners, with hardship due to a sudden emergency. Hardship is defined as a difficult circumstance that a person or family cannot handle without outside help. KW Cares grants provide assistance for expenses incurred, and cannot provide assistance for projected expenses.

Eligibility

Associates in Market Centers and Regions and their employees, staff of Keller Williams, Keller Williams Realty International, and their immediate families may apply. Eligibility is determined on a case-by-case basis after evaluation and verification of the applicant's need. All KW Cares grants are approved by the KW Cares Board of Directors.

Examples of circumstances for which grants cannot be awarded are (but not limited to): anticipated expenses, expenses that will eventually be covered by insurance or a social agency, funds to bridge gaps in income, shortfalls brought about by adverse real estate market conditions, and legal actions.

Application

Each of the fields must be completed. Prior to submission to KW Cares, the application must be signed by the Applicant, Market Center Team Leader or Operating Principal, and the Regional Director. If the need is medically related, a signed Physician's Statement must also be submitted.

Cover Letter

Please submit with the application, a cover letter summarizing (1) the associate's circumstances and how these circumstances necessitated a need for assistance; (2) the amount of the actual monetary need; (3) the amount of the monetary request; (4) an indication of the amount of financial and other assistance the applicant's market center has provided in the spirit of family helping family; and (5) market center plans for continued assistance, if needed.

Documentation Required

1. Completed grant application
2. Most recent (2 years) signed Federal Income Tax returns in their entirety with 1099s/ W-2s
3. Personal balance sheet, monthly income and expense, and other required information (pages 3 & 4)
4. Signed Physician's statement, if this need for the grant is a result of a medical emergency
5. Copies of bills for medical (or other) and/or living expenses that have been incurred as a result of the situation
6. If the applicant has medical insurance or other medical coverage, please submit a summary of all claims for a range of dates for which the emergency necessitated medical treatment, illustrating the amount of medical expenses paid by the insurance provider and the amount of the medical expenses for which the patient is responsible. The summary can be obtained from the medical insurance provider (often online).
7. If the applicant has homeowner's insurance, please submit documentation for limits of coverage and deductibles, if applicable.

The KW Cares Board reserves the right to request other pertinent information. Completed application and attachments should be faxed to KW Cares at (435) 514-2229. For questions, please e-mail kwcares@kw.com.

Process

KW Cares will review the application and secure any additional needed information from the applicant prior to submission to the KW Cares Board for approval. Within 30 days of submission to the Board, the applicant will receive notification of approval and the amount of the grant, or notification of denial of a grant.



KW Cares Grant Application

Total Amount Needed: \$ _____

Total Amount Requested: \$ _____

Total Amount of Market Center Assistance: \$ _____

It is the expectation that the market center will have provided a degree of monetary and other assistance in the spirit of 'family taking care of family'.

Certification by Applicant / Market Center / Regional Director

This is to certify that I have reviewed the Keller Williams Realty Cares grant criteria and grant application. To the best of my knowledge, the information submitted is accurate and the need exists as represented. I understand that although this application might meet the grant criteria set forth by KW Cares, this does not necessarily mean the request will be approved.

Signed: _____ Date: _____
Applicant

Print Name: _____ Tel: _____

Signed: _____ Date: _____
Market Center – Team Leader or Operating Principal

Print Name: _____ Tel: _____

Signed: _____ Date: _____
Regional Director

Print Name: _____ Tel: _____

*****For Keller Williams Realty Cares Use Only*****

Date Application Received

Vote Date _____

Decision _____

Distribution Date _____

Follow Up Received _____



Personal Balance Sheet

Statement of Financial Condition as of _____ 20____

Assets (attach a copy of most recent statement for each)

TOTALS

Cash		
Checking Account		
Savings Accounts		
Certificates of Deposit		
Investment Securities (Stocks, Bonds, etc.)		
Real Estate/Home – Market Value		
Other Real Estate – Market Value		
Personal Property		
Loans owed to you		
IRA, 401K, 403-B, etc. Values		
Life Insurance Cash Values Accumulated		
Business Ownership		
Other Assets		
Total Assets	A	

Liabilities (attach a copy of most recent statement for each)

TOTALS

Real Estate Mortgage – Primary Residence		
Real Estate Mortgage – Investment or Other Property		
Real Estate Mortgage – Investment or Other Property		
Second Trust(s)		
Home Equity Loan(s)		
Credit Card/Charge Account Bills		
Vehicle Loans		
Other Loans		
Unpaid Income Tax/Interest/Penalties		
Other Unpaid Taxes/Interest/Penalties		
Other Debts (please list)		
Total Liabilities	B	
Net Worth (A – B = C)	C	



Required Information

Monthly Income (attach copy of most recent statement for each)

	Gross	Net
Average Monthly Household Income from all sources. Provide most recent 1099s/W-2 and most recent pay statement		
Dividends and Interest		
IRA/401K and other retirement plan disbursements		
Social Security Disability		
Social Security Retirement Income		
Alimony/child support		
Other Income (Please itemize)		
Total		

Monthly Expenses (attach copy of most recent statement for each)

Mortgages Payments on Real Estate (include home equity loans)	
Homeowners Insurance	
Car Insurance	
Medical Insurance	
Life Insurance	
Disability/Long term care Insurance	
Medical Payment Plans	
Car Payment(s)	
Fuel for car(s)	
Utilities: Electric, Gas, Water & Sewer, Waste Disposal	
Phone (cell and land lines)	
Internet Service	
Cable	
Credit and Charge cards	
Child Care	
Alimony/child support	
Food	
Maintenance/Repairs	
Other (please provide details)	
Total	

Number of individuals living in household and claimed as dependents on your tax return? ____

Health Insurance? Yes _____ No _____

Medicare? Yes _____ No _____

Medicaid? Yes _____ No _____

Prescription Drug Insurance? Yes _____ No _____

Life Insurance? Yes _____ No _____



Patient Release of Information

I agree to authorize KW Cares to obtain and discuss information related to my grant application with my physician, and/or insurance company, and/or pharmacy.

Print Name

Date

Signature

Physician's Statement

Dear Physician:

Your patient has applied to Keller Williams Realty Cares (KW Cares) for a grant for financial assistance. In order to process this application, we must verify the following information, and may contact you for additional information if needed. Please contact KW Cares with any questions. Thank you.

This form should be mailed or faxed to:

KW Cares
807 Las Cimas Parkway
Suite 200
Austin, TX 78746
Phone: 512-306-6727
Fax: 435-514-2229

Patient's Section (Patient, please fill out this section)

Print patient name: _____ Last 4 digits of patient SSN: _____

Physician's Section

Print name: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Patient diagnosis: _____

Other pertinent information: _____

Diagnosis date: _____

Physician's signature: _____ Date: _____