

# Keller Williams Realty Cares Grant Application

Each of the following items must be completed. The Keller Williams Realty Cares Board reserves the right to request other pertinent information. Use separate page(s) for explanations. Completed application and attachments should be faxed to KW Cares at (435) 514-2229. For questions, please e-mail [kwcares@kw.com](mailto:kwcares@kw.com).

**\*\*\*NOTE: Market Centers may not be named as recipient. Recipient is the individual or family benefiting from the distribution of funds. Funds are distributed directly to individuals.\*\*\***

**Recipient**

Name	
Home Address	
City, ST ZIP	
TEL:	
Social Security #	
MC #	Name, City, State

**Explanation of Need**

*Please attach a letter that includes the following:*

- The associate's situation (physical, financial)
- What has been done by the MC and others to assist him or her
- How much do they need, for what specifically, and when do they need it? (This is the total need, not what you're asking from KW Cares)
- Amount requested from KW Cares
- What the MC will do to continue to support the associate after the grant

For more details about what should be in the letter, refer to "How to Apply" under GRANTS on the website: [www.kwcares.org](http://www.kwcares.org)

**Supporting Documents**

Provide documentation/explanation of current income. Document expenses for which assistance is sought by providing copies of bills, estimates, mortgage statements, etc.

**Certification By 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 indicated.

I understand that although my application might meet the grant criteria set forth by KW Cares, this does not necessarily mean my request will be approved.

Signed: _____	Date: _____
Market Center – Team Leader / Operating Principal	
_____	TEL: _____
Print Name	
Signed: _____	Date: _____
Regional Director	
_____	TEL: _____
Print Name	

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

Date Application Received	
Vote Date	
Decision	
Distribution Date	
Follow Up Received	