



Grant Application

Fax to 435-514-2229 or email to kwcares@kw.com

Criteria

KW Cares grants provide a measure of financial assistance to Keller Williams associates and their eligible family members including, qualified domestic partners, facing financial hardship due to a sudden emergency. KW Cares grants provide assistance for expenses incurred and is not able to provide assistance for projected expenses.

Eligibility

Keller Williams market center associates/staff/employees; regional staff; Keller Williams Realty International staff, and their immediate family members are eligible to apply, after a six-month wait period from their official KW start date.

Grants

Grant applications are reviewed for verification of an applicant's need. Grant award determinations are made by the KW Cares Independent Selection Committee.

Application

Prior to submission to KW Cares, the application must be reviewed and signed by the market center team leader or operating principal. If the need is medically related, a signed physician's statement must also be submitted.

Cover Letter

Please submit the application with a cover letter summarizing (1) the applicant's circumstances and how these circumstances necessitate a need for financial assistance; (2) the amount of financial and other assistance the applicant's market center community of agents, leadership and staff has provided; (3) market center plans for continued assistance, if needed; and (4) assistance from crowdfunding sources such as GoFundMe or other sources such as FEMA.

Required Documentation

1. The most recent federal income tax return in its entirety with 1099s/ W-2s.
2. The most recent bill or statement for the assets, liabilities and income portion of the application.
3. Signed physician's statement if this need for the grant is a result of a medical emergency.
4. **For applicants with medical insurance, Medicaid or Medicare**, please submit only a summary of all claims for the range of dates for which medical treatment was needed. The summary can be obtained from the medical insurance provider, usually online. The summary should show the amount of medical expense paid by the insurance provider and the amount of the medical expense for which the patient is responsible.
5. **For applicants who do not have medical insurance**, submit copies of bills for medical (or other) expenses that have been incurred as a result of the situation.
6. If the applicant has homeowner's insurance, please submit documentation for limits of coverage and deductibles, if applicable to the situation.

The KW Cares Independent Selection Committee maintains the right to request other pertinent information. Completed application and attachments should be faxed to KW Cares at (435) 514-2229. For questions, please email 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 Independent Selection Committee for approval. Within 30 days of the receipt of the signed application and all required documentation, the applicant will receive notification of approval and the amount of the grant, or notification of regret. Although the applicant may meet the grant criteria set forth by KW Cares, it does not necessarily mean the request will be approved.



Grant Application

Amount Needed \$ _____

Amount Requested \$ _____

Attestation by Applicant

I have reviewed the KW Cares grant criteria (page 1) and attest that the information submitted is accurate and true. I hereby give permission to KW Cares to obtain my production history and any pertinent information from Keller Williams Realty, Inc.

Signed: _____ Date: _____

Print Name: _____ Tel: _____

Email: _____ MC #: _____

Certification by Market Center TL or OP

I have reviewed this KW Cares grant application. To the best of my knowledge, the information submitted is accurate, a financial need exists as represented and the applicant meets the criteria (page 1) for a KW Cares grant.

It is the expectation that the market center community of agents, leaders and staff provide monetary assistance equal to minimally 10% of the applicant's need and/or other assistance (meals, transportation, childcare, cleaning, yard services, etc.).

In the spirit of family taking care of family, we have provided the following:

Monetary Market Center Assistance \$ _____

Non-monetary Support Provided _____

Signed: _____ Date: _____

Print Name: _____ Tel: _____

Email: _____ MC #: _____

Certification by Regional Director or Regional OP

I have been made aware of and support this KW Cares grant application.

Signed: _____ Date: _____

Print Name: _____ Tel: _____

RD/ROP Email: _____ Region #: _____

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

Date Application Received _____



Grant Application

Assets - Attach a copy of the most recent statement for each line item completed.

Checking Account(s)	_____
Savings Account(s)	_____
Certificates of Deposit	_____
Non-Retirement Securities (stocks, bonds, annuities, etc.)	_____
Residence – Fair Market Value	_____
Investment Real Estate Property(ies) – Fair Market Value	_____
Business Ownership Value	_____
Total Assets	A _____

Liabilities - Attach a copy of the most recent statement for each line item completed.

Residence – Mortgage Loan Balance(s)	_____
Investment/Other Real Estate Loan Balance	_____
Second Trust(s)	_____
Home Equity Loan(s)	_____
Line of Credit	_____
Credit Card Account Balances	_____
Vehicle Loans	_____
Education Loans	_____
Other Loans	_____
Unpaid Federal Income Tax/Interest/Penalties	_____
Unpaid State Income Tax/Interest/Penalties	_____
Other Debts (please list)	_____
Total Liabilities	B _____
Net Worth (A – B = C)	C _____



Grant Application

Gross Monthly Income – Attach a copy of the most recent statement for each income source.

Monthly household income from all jobs. Provide most recent 1099s/W-2s and most recent pay statement.

Dividends and Interest _____

IRA Disbursements, 401K or 403B Disbursements _____

Pension/Annuity Payments _____

Social Security Retirement or Disability Income _____

Alimony/Child Support _____

Investment/Other Property Income (please itemize if more than one) _____

Total Income _____

Monthly Expenses

Mortgage/Rent Payments _____

Home Equity Loan(s) _____

Second Mortgage(s) _____

Homeowners Insurance (if not included in escrow) _____

Car Loan(s) _____

Car Insurance _____

Fuel for Car(s) _____

Medical/Dental/Vision Insurance _____

Life Insurance _____

Credit Card (Minimum Monthly Payment) _____

Investment/Other Property Expense (please itemize if more than one) _____

Real Estate Business Expenses _____

Child Care _____

Alimony/Child Support _____

Food _____

Maintenance/Repairs/HOA fees _____

Education Loans _____

Other (please provide details) _____

Total Expenses _____

Health Insurance? Yes _____ No _____

Medicare? Yes _____ No _____

Medicaid? Yes _____ No _____

Prescription Drug Insurance? Yes _____ No _____



Patient Release of Information

I consent and 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), a 501(c)(3) philanthropic organization, Fed. I.D. #68-0505969, 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 you may have. Thank you.

This completed form should be mailed, emailed or faxed to:

KW Cares
1221 S. Mopac Expwy.
Suite 400
Austin, TX 78746
Phone: 512-439-8841
Fax: 435-514-2229
kwcares@kw.com

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

Print Patient Name: _____ Last Four Digits of Patient's SSN: _____

Physician's Section

Print Name: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Patient Diagnosis: _____

Diagnosis Date: _____

Patient Prognosis: _____

Other Pertinent Information: _____

Physician's Signature: _____ Date: _____