



**Benevolent Fund**

Assistance for the RANM family when they encounter financial hardships beyond their control.

# Confidential Application

Any member or past member or staff of the Association is eligible to submit an application or have an application submitted for him or herself or his or her immediate family. Immediate family shall be defined as a spouse, domestic partner, sibling, or child.

(Please type or print using black ink. This is a fillable form and may be downloaded to your computer, completed and e-mailed to RANM. Please answer all questions thoroughly.)

A. Identification:

1. Applicant's Name
2. Member NRDS # or relationship to RANM member
3. Independent Contractor or Employee of
4. Home Phone
5. Office Phone

If you are other than applicant and are assisting with this application:

6. Name
7. Home Phone
8. Office Phone

Applications for assistance must be for a **specific need** that would insure a specific benefit to the member or family member due to prolonged illness, catastrophic occurrence or accident -- for example, one month's health insurance premium to maintain insurance; one month's house note to prevent foreclosure **due to prolonged illness**; burial expenses when there are limited or no funds in the household; payment toward the purchase of special prosthesis, wheelchair, oxygen equipment, or organ transplant not fully covered by the member's insurance. **Awards shall be issued directly to a vendor.** Attach copies of appropriate invoices or statements. Assistance may be provided in grant or loan form.

**PLEASE NOTE:**

*This request will not be reviewed by the Fund Directors until it is complete. Please be as specific as possible. Application will be reviewed by staff to determine that criteria outlined in Benevolent Fund Policies and Procedures have been met before it is distributed to Directors.*

B. Describe the situation or condition creating the need to request an award. Be specific. For example, if illness or injury is involved, define the illness, dates hospitalized, doctor's name, dates off work, date due back, etc. Attach supporting documentation, i.e. doctor's letter.

C. What are you requesting be paid by the Benevolent Fund?

Are you requesting a grant or loan?

D. What other sources of relief have been initiated? (i.e. lending agencies, credit union, family/friends, community service agencies, legal assistance, disability assistance, credit counseling, etc.)

E. Define your financial status.

1. Total Assets \$
2. Total Liabilities \$
3. Total Monthly Income \$
4. Total Monthly Expenses \$ \_

F. List all the persons living with you.

Name	Relationship	In school( Y/N/What Grade)	Working/Where
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G. Recommendations

Attach any recommendations regarding your application.

H. Certification

I certify that the above information is true to the best of my knowledge and I understand that any misrepresentation or willful omission of facts shall be cause for corrective action up to and including repayment of funds advanced. I authorize verification as deemed necessary and agree to help the RANM Benevolent Fund to obtain these verifications if requested.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Summary Page

Please list vendors you are requesting be paid by grant funds and amount due. Copies of actual invoices will be requested if grant/loan is approved.

Vendor: Amount Due:  
Address:  
Account Number:

Vendor: Amount Due:  
Address:  
Account Number:

Vendor: Amount Due:  
Address:  
Account Number:

Vendor: Amount Due:  
Address:  
Account Number:

(Print additional pages as necessary. The Benevolent Fund Directors reserve the right to make decisions based on funds available.)

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Application and supporting materials may be e-mailed to [info@nmrealtor.com](mailto:info@nmrealtor.com) or mailed to:  
REALTORS® Association of New Mexico-Benevolent Fund  
2201 Brothers Road  
Santa Fe, NM 87505

Upon receipt and after administrative review, application will be distributed to the Benevolent Fund Board of Directors for their review. Applicant will be notified of decision of the Directors promptly. **All applications and inquiries are confidential.**

If you have any questions, please call Steve Anaya at 505-982-2442 ext 168 or e-mail [mstevenanaya@nmrealtor.com](mailto:mstevenanaya@nmrealtor.com).