



## **KW Cares Grant Criteria**

The purpose of emergency grants is to provide a measure of immediate financial assistance to support Keller Williams Realty associates and their immediate families 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 but 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 market circumstances, and legal actions.

## **Application**

Each of the fields must be completed. 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 be submitted.

## **Cover Letter**

Please submit with the application, a cover letter summarizing (1) the associate's situation, and (2) the amount of the monetary need and (3) the amount of the monetary request, as well as (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) the market center's 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. Copies of bills for medical (or other) and/or living expenses which have been incurred as a result of the situation
5. Signed Physician's statement, if this need for the grant is a result of a medical emergency
6. If the applicant has health insurance or other medical coverage, please submit Explanations of Benefits (EOBs) from the provider of the coverage, indicating the patient's responsibility for the charges, if applicable
7. If the applicant has homeowner's insurance, please submit limits of coverage, 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](mailto: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 the grant.



# KW Cares Grant Application

**Total Amount Needed:** \$ \_\_\_\_\_  
**Total Amount Requested:** \$ \_\_\_\_\_  
**Total Amount of Market Center Assistance:** \$ \_\_\_\_\_

### 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 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 / 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 and Savings Accounts		
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, etc. – Values		
Life Insurance Cash Values		
Other Assets		
<b>Total Assets</b>	<b>A</b>	

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

**TOTALS**

Real Estate Mortgage – Primary		
Real Estate Mortgage(s) – Other		
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 itemize)		
<b>Total Liabilities</b>	<b>B</b>	
<b>Net Worth (A – B = C)</b>	<b>C</b>	
<b>Total Liabilities &amp; Net Worth (B+C)</b>	<b>D</b>	



**Required Information**

**Monthly Income (attach copy of most recent support for each)**

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	
Other Income (Please itemize)	
<b>Total</b>	

**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 – monthly payments	
Child Care	
Alimony/child support	
Food	
Maintenance/Repairs	
Other (please provide details)	
<b>Total</b>	

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: \_\_\_\_\_