



The Royal Palm Coast Realtors® Association has formed a separate non-profit charitable corporation called the Realtors® Care Foundation. The Foundation was created to assist members of the community who have suffered financial hardships as a result of a natural disaster or other unforeseen event by paying for maintenance or repairs to their homes.

The requested Application for Assistance form is enclosed with this letter. Please complete the form and submit it with the supporting documents to **Kevin Besserer** at [kevin@rpcra.org](mailto:kevin@rpcra.org) or by fax to (239) 936-2836.

Each application is confidential. Information will not be shared outside of the Board or staff liaison. Your completed application will be reviewed, and your request will be answered within 30 days. If you have any further questions, please contact Kevin Besser at (238) 887-0117.

Thank you,

Kevin Besserer  
Director of Public Policy  
Royal Palm Coast Realtor® Association

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***Commitment to Equality***

The Foundation has always, and continues to be, an equal access and equal opportunity corporation. The Foundation will not discriminate against any person or persons based on his or her race, ethnicity, color, religion, sex, handicap, familial status, national origin, or sexual orientation.



## Realtors® Care Foundation of Southwest Florida Application for Assistance

**IMPORTANT:** Please read the Realtors® Care Foundation Policy Procedures and Guidelines before completing and submitting this application.

**Full Name(s) of proposed funds recipient(s) as shown on the property deed:**

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**Telephone number(s) of proposed funds recipients(s):**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Full Address of the property where the funds will be used to benefit:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Property description: (Check all that apply)**

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Single Family  | <input type="checkbox"/> Multi-family | <input type="checkbox"/> Condominium                   | <input type="checkbox"/> Mobile Home / RV |
| <input type="checkbox"/> Concrete block | <input type="checkbox"/> Wood frame   | <input type="checkbox"/> HOA / Condominium Association |   |
| <input type="checkbox"/> Other          |                                       |  |   |

**Please provide a detailed description of the incident and need(s)** (Ex: fire, hurricane, flood, loss of employment, health issues. Attach photos, copies of invoices/bills):

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**Please describe the amount needed and whom the payment should be directed to.** (All requested amounts must be for the care, maintenance, repair of the property. No payments will be made to the property owner. Payments will be paid directly to the vendor and/or contractor. Maximum amount given per incident is \$1,500.):

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_



\$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
\$ \_\_\_\_\_ Purpose: \_\_\_\_\_  
\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

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**APPLICANTS MUST DEMONSTRATE THE IMMEDIATE FINANCIAL NEED FOR ASSISTANCE.**

**Is anyone 18 years or older in recipient's household employed?**  Yes  No

**If yes,** provide monthly gross household income: \$ \_\_\_\_\_

**Does the recipient have any other sources of income?**  Yes  No

**If yes,** please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the property have equity that could be used to benefit the property?**  Yes  No

**If yes,** please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the recipient have any other resources? (Ex: cash, stocks, bonds)**  Yes  No

**If yes,** please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**THE FOUNDATION DOES NOT AID WITH LOSSES PREVIOUSLY COVERED BY INSURANCE OR GOVERNMENT PROGRAMS**

**Does the property have insurance? (check all that apply)**  Yes  No  
 Homeowners/Wind  Flood  Other:

**Is the recipient is seeking Funds for an event covered by insurance?**  Yes  No

**If yes,** please explain and provide the name of your insurance company, claim number and the reason for the request: (Ex: deductible, denied coverage): \_\_\_\_\_  
\_\_\_\_\_

**Is the recipient seeking funds for an event for which government assistance (Ex: FEMA, SBA) is available?**  
 Yes  No



*If yes, please explain and provide the name of your claim number and the reason for the request: (Ex: application denied coverage, insufficient money provided by program):*

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IF YOU HAVE ANY PHOTOS OF DAMAGE, BILLS, INVOICES, QUOTES, COMMUNICATION FROM CONTRACTORS OR ANY OTHER DOCUMENTATION YOU WOULD LIKE THE FOUNDATION TO CONSIDER, PLEASE SUBMIT THAT INFORMATION WITH THIS APPLICATION.

SPECIAL CONSIDERATION WILL BE GIVEN TO THOSE WHO NEED ASSISTANCE FOR REPAIRS/MAINTENANCE OF ESSENTIAL SERVICES SUCH AS PLUMBING, ELECTRICITY, HVAC, SEWER, SEPTIC, ROOF, OR INGRESS/EGRESS.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

I hereby declare any Funds received from The Foundation will be utilized for the maintenance and/or repair of the real property described in this application.

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Applicant Full Name

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Signature of Applicant

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Date

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<sup>1</sup> Do not include any income received from child support, social security, disability, or other related sources.



## Realtors® Care Foundation Policy Procedures and Guidelines

### ***Purpose/Objective***

The Foundation has been established to offer financial assistance to homeowners in Southwest Florida who have been victims of hurricanes, natural disasters, and/or financial hardships and need assistance with their homes.

### ***Definitions***

- **Homeowner(s):** Legal owners of the property as indicated on a deed, court order or other document evidencing title and recognized by the county's Property Appraiser.
- **Applicant:** The person(s) who are the homeowner(s) or someone acting on the homeowner(s) behalf.
- **Southwest Florida:** Lee and Hendry County Florida.
- **Natural Disasters:** Brush/wildfires, flooding, tornados, lightening, hail, wind, hurricanes, and severe storms.
- **Financial Hardships:** The inability to pay for repair(s) or maintenance of a home because of factors beyond the control of the Homeowner. Financial Hardships includes natural disasters as well as personal incidents such as violent crime, accident, or death that causes financial hardship for the homeowner(s).
- **Property:** The home for which the requested assistance will be utilized and is the homeowner(s) primary residence.
- **Foundation Board/Board:** Realtors® Care Foundation of Southwest Florida.

### ***Application and Funding Process***

An Application for assistance must be completed by the person(s) owing the Property or someone acting on the owner(s) behalf. The completed application, including all supporting documentation, will be reviewed by the Board and the request responded to within 30 days. The review process will only commence once all supporting documentation has been received.

The Board has the discretion to determine the level of funding based on their review of the Application and documentation and may award up to the amount of \$1,500.00 (*one thousand five hundred dollars*) per incident. All information is confidential and will not be shared outside of the Board or staff liaison who assists in coordination of payment benefits.

An applicant may make a subsequent request(s) for assistance for unrelated incident(s). The Board has the discretion to determine whether additional assistance will be provided.

### ***Disbursement of Funds***

Foundation monies cannot be disbursed directly to the applicant, but are used to pay, on their behalf, expenses incurred, after submission of proper documentation of the expected cost of the repairs or maintenance, or reimbursement of the actual costs. Funding is not guaranteed and may be limited.

### ***Funding Sources***

Funding for The Foundation is derived through fundraisers and as an association budget line item. Funding is not guaranteed and may be limited in any given year.

### ***Commitment to Equality***

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