

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

Applications for assistance must be for a specific need that would insure a specific benefit to the member of 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. **Funds shall be issued directly to the vendor.** Attach copies of appropriate invoices or statements.

Vendor's Name: _____

Description of obligation:

Amount of Obligation to be paid: \$ _____ Account # _____

Vendor's Name: _____

Description of obligation:

Amount of Obligation to be paid: \$ _____ Account # _____

Vendor's Name: _____

Description of obligation:

Amount of Obligation to be paid: \$ _____ Account # _____

D. *What other sources of relief have been initiated? (Check all that apply)*

1. ____ I have contacted the vendor(s) regarding these obligations.
2. ____ I have requested assistance from my real estate firm. If so, what has been the response?

3. ____ I have contacted lending agencies, credit union, family/friends, community service agency.
4. ____ I have sought legal assistance.
5. ____ I have applied for disability.
6. ____ I have attended credit counseling.
7. Other: _____

E. Define your financial status:

1. Income of all persons in household (over previous 12 months)

Spouse _____ Alimony _____ Retirement _____
 Disability _____ Children _____ Applicant _____
 Other _____

2. Monthly expense:

Rent _____ House Note _____ Utilities _____
 Phone _____ Car Note _____ Credit Cards _____
 Other Loans _____ Food _____
 Other (describe):

3. Describe the impact upon your business and income as a result of your current condition.

F. List all the persons living with you:

Name	Relationship	In school (Y/N/Grade)	Working/Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Certification

I hereby 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 Tucson Association of REALTORS® STAR Fund to obtain these verifications If requested.

Signature: _____ Date: _____

Application and supporting materials should be mailed to:

Tucson Association of REALTORS®
2445 N. Tucson Blvd.
Tucson, AZ 85716

If you should have any questions please contact Randy Rogers at 520-327-4218 or randy@tucsonrealtors.org.