



Confidential Application

The STAR Fund is a fund established for the Tucson Association of REALTORS® members and their immediate family who face extraordinary financial need. Requests for STAR Fund assistance are reviewed and decided on by the TAR Executive Committee. All requests are treated in strict confidence.

Supporting Tucson
Association of REALTORS®

(Please print or type; and answer all questions thoroughly)

A. Applicant Information:

- 1. Applicants Name: _____
- 2. Member NRDS # or relationship to TAR Member: _____
- 3. Independent Contractor or Employee of: _____
- 4. Home Phone: _____ Office Phone: _____

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

- 5. Name: _____
- 6. Home Phone: _____ 7. Office Phone: _____

B. Describe the situation or condition creating the need to request funds:

Be specific. For example, if illness or injury is involved, define the illness, dates hospitalized, doctor's name, dates off work, dates due back, etc. Attached supporting documentation, i.e. doctor's letter.

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 _____ Application _____
 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®

Attn: CEO

2445 N. Tucson Blvd.

Tucson, AZ 85716

*If you should have any questions please contact TAR's CEO at 520-327-4218 or
CEO@tucsonrealtors.org.*