



VBR REALTOR® Assistance Fund Application

Please complete this form and submit to our office by email at valleybd@vbrealtors.org.

DATE: _____

To the Valley Board of REALTORS® (VBR), I hereby apply for the Valley Board of REALTORS® Assistance Grant (not to exceed \$1,000 annually)

NAME			
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS <input type="checkbox"/> Same as above	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		
<p>BRIEF OVERVIEW OF SITUATION: (Provide a detailed description of your situation including why you need assistance and how it has impacted your ability to work:</p>			
<p>SPECIFIC NEED FOR ASSISTANCE (Describe the specific type of assistance you are seeking – rent or mortgage, dues, medical, etc.)</p>			
<p>SUPPORTING DOCUMENTATION (Attach pertinent documents to include medical bills, financial or other relevant paperwork.)</p>			
<p>REFERENCE CONTACT NAME AND NUMBER (Please provide one reference)</p>			
<p>Certification. I certify and acknowledge that the above information is true and correct. I also certify I will abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and will further abide by the Constitution, Bylaws and Rules and Regulations of the Valley Board of REALTORS® (VBR), Alaska REALTORS® (AR), and the National Association of REALTORS®.</p>			
Signature		Date	