

REALTOR® Support Application

Thank you for your interest in the San Luis Obispo Association of REALTORS®, REALTOR® SUPPORT. This fund was established to assist members of our REALTOR® and Affiliate Family, in time of need. Please complete the form below for consideration by our Board of Directors.

APPLICANT'S PERSONAL INFORMATION *Type or Print Neatly*

Last _____ First _____ M. I. _____

Mailing Address _____

Home Phone # _____ Work Phone # _____

E-mail Address _____ Cell Phone # _____

Name of the REALTOR® or Affiliate member's office:

If not a member...what is your relationship to a San Luis Obispo Association of REALTORS® member or affiliate:

Reason for Application

Please provide a short explanation outlining your request, and how it will assist you, and include any supporting documents you might have. _____

Assistance Requested: \$ _____.

By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. I agree that others listed above, including the San Luis Obispo Association of REALTORS®, maybe contacted to verify information contained in this application.

Applicant's Signature _____ Date _____

Application received – _____	Staff Initial _____
Application reviewed – _____	Approved _____ Denied _____
Applicant notified – _____	
Reason for Denial _____	