



REALTORS Sold 4 the Cause

Financial Assistance Request Form

Who is eligible for assistance?

Realtors Sold 4 the Cause, also known as Sold for the Cause, Inc., is a non-profit organization that prides itself on its ability to raise money for those in need. We have decided to extend that financial assistance to those in our immediate area. We will take into account the use of one's personal resources, including family assistance (such as parents, children, relatives, etc.) and assist with financial needs. Any approved funds will be made payable to the provider of the service. **NO money will be given directly to applicant.**

Does my situation qualify for this assistance?

Assistance may be extended when unexpected and serious circumstances develop, creating a hardship caused by cancer related illness. Must live in Flagler or Volusia counties.

- Examples of eligible expenses may include but are not limited to:
 - Monthly bills - Rent/ Mortgage, Utilities, etc.
 - Assistance for cancer-related costs such as, transportation, home care and child care

- Examples of expenses that are typically NOT eligible include:
 - Attorney's fees
 - Tuition fees
 - Bail money
 - Repayment of loans to friends & family
 - Home repairs or relocation to another residence (unless it is a result of a fire, flood, domestic violence or other catastrophic event).
 - Reimbursement for unpaid sick time
 - Income/Property taxes
 - Credit card debt
 - Bill consolidation loans

Why do you need my information and how will it be used?

Our desire is to help you. In order to ensure that we are serving you in the best manner, we need to understand you and your financial circumstances. Your information will only be disclosed to those involved with your situation

How do I apply?

- Complete all information on the application and sign it. Include any additional documentation that is requested, such as your lease or mortgage agreement, bank statements, billing statements or any other related documents pertaining to your financial request.
- Mail or deliver this information to:
Sold 4 the Cause, Inc.
P.O. Box 291661
Port Orange, FL 32169
- Email us your application: info@sold4thecause.com

- Please know that your application request will normally take 7-10 days to evaluate and process. Applicant will be contacted with questions (if necessary) and upon a final approval decision. Sold 4 the Cause, Inc., will limit discussions regarding the application to the Board of Directors and the applicant only. Submitting an application does not necessarily guarantee approval.
- The Application must be submitted within 15 days of the signed application.

**As a non-profit organization, funding depends on the sources of support
we receive at any given time.**

Household Expenses Information

Expenses	\$ per Month
Rent/Mortgage	
Electric	
Gas (home)	
Water	
Car payments	
Car insurance	
Gas (auto)	
Bus fare	
Groceries	
Phone	
Cell phone	
Child Care	
Child Support	
Alimony	
Court Ordered Judgments	
Credit Cards	
Loan Payment	
Doctor/Dentist bills	
Cable	
Entertainment	
Clothing	
Rentals	
Other	
Total:	

Household Income Information

Income	\$ per Month
Yourself (after taxes)	
Others in household (after taxes)	
Child Support	
Unemployment Compensation	
Social Security	
Supplemental security income	
Supplemental security disability income	
Supplemental disability income	
Retirement savings	
EBT Amount	
Family/friends support	
Alimony	
Other:	
Other:	
Total:	

By signing below, I certify that the statement made above and on any attachment(s) are true and complete to the best of my knowledge. I give permission to Sold 4 the Cause, Inc., to make inquiries as needed to determine if they are able to assist me.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Financial Assistance Application
Please answer each question completely and accurately.

Personal Information

Name: _____ Today's Date: _____

Spouse: _____ Years Married: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Work Phone: _____

List everyone currently living in your home beside yourself:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

How long have you lived at your current address? _____

How long at your previous address? _____

Who has cancer? _____

What type of cancer and when was the diagnosis? _____

To Be Signed by Oncologist (Required)

By signing below, I certify that the Applicant is currently under my care for cancer.

Oncologist Signature: _____ Date: _____

Oncologist Printed Name: _____

Employment Information

Current Employer: _____

When did you start working there? / / _____

Previous Employer: _____

How long did you work there? Start: / / End: / / _____

If you are currently unemployed, please explain below:

Financial Information

How are you currently handling your financial shortfall? We are looking for information regarding what adjustments you have attempted to overcome your need.

Is there anything else you think would help us make our decision regarding your need?

List Individuals or organizations you have contacted and asked for financial assistance:

Contact: _____

Relationship: _____ Phone: _____

Their response:

Contact: _____

Relationship: _____ Phone: _____

Their response: _____

Contact: _____

Relationship: _____ Phone: _____

Their response: _____

Please list the individuals who know you at Sold 4 the Cause, Inc. for reference purposes:

Contact: _____

Length of Relationship: _____

Contact: _____

Length of Relationship: _____

Have you received financial assistance from Sold 4 the Cause, Inc. before? YES NO

If YES, when: _____ Amount: _____

How much money are you requesting? _____ Why?: _____

Please answer all questions or write in n/a and attach all supporting documentation, e.g., copy of utility bill, rent statement, etc.

Thank you for contacting Sold 4 the Cause. We will review and respond promptly.