

	Other Monthly Bills (attach additional page if necessary): Type/Amount _____ Type/Amount _____
Financial and Insurance Information	Cash Available \$ _____ Trust Fund or Securities \$ _____ Alimony or other settlement, please explain amount and type: _____ Insurance Coverage? Yes _____ No _____ Insurance Co. name: _____ Total Deductible Amount \$ _____
Financial Assistance Already Obtained and/or Sought	Organization/Person: _____ Contact/Relationship: _____ Amount \$ _____ (attach additional page if necessary)
Industry Involvement	Is Beneficiary a REALTOR? Yes ___ No ___ _____ How long a member of RASM? _____ Has Beneficiary participated in RASM committees? Yes _____ No _____ If yes, please list them: _____ Other community involvement: _____

	Relationship to Beneficiary: _____ Years known: _____ I hereby attest the information provided is true to the best of my knowledge. _____ Signature Date

Email completed forms to **foundation@myrasm.com** or mail directly to the address below.

RASM REALTORS Charitable Foundation
 2320 Cattlemen Road
 Sarasota, FL 34232

Revised 2022

PLEASE NOTE: Upon receipt of a completed application, response from the Foundation will be within 30 days.

THIS SECTION FOR OFFICE USE ONLY		
Approved: _____ Denied: _____		
Remarks: _____		

Amounts to be paid:		
\$ Amount	Paid To	Check Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
By CEO: _____		Date: _____