HEARTS & HOMES OF ARKANSAS, INC.

APPLICATION FOR HOUSING ASSITANCE
DUE TO CATASTROPHIC ILLNESS

Hearts & Homes of Arkansas, Inc. was established to provide **financial assistance for housing-related expenses** to Arkansans who are facing the effects of **(1)** a natural disaster not otherwise funded by the REALTORS® Relief Foundation or **(2)** illness deemed, at the discretion of the Hearts & Homes of Arkansas Board of Directors, to be catastrophic. Applications are reviewed in examination of each applicant's unique circumstances in relation to the provisions of the Hearts & Homes of Arkansas, Inc. Bylaws and Purpose Statement. To be considered for approval, an applicant must fall within the aforementioned parameters AND have no conflicting factors. **Application submission is not guaranteed approval.**

The Hearts & Homes of Arkansas, Inc. Board of Directors meets once a month to review applications (date varies), please note that **this is not an immediate assistance program**. Applicants will be notified promptly upon your application's review.

Assistance will be provided on a first come, first serve basis upon the **Board of Directors' assessment of qualification**. All grants are contingent upon the availability of funds. Hearts & Homes of Arkansas, Inc. reserves the right to accept or reject any application, and for good and sufficient reason, to cancel any grant that is made. In the case that an application is approved, **grant awards are based strictly on the supplemental documentation provided**; checks are (1) made payable to the owed entity in the exact amount that is owed and (2) mailed to the applicant who is then responsible for delivering payment.

The program reserves the right to change the application criteria at any time.

ELIGIBILITY

Applicant must be a (1) full-time resident, (2) U.S. citizen (or legally admitted), and (3) residing in Arkansas

Applicant must not have received assistance from Hearts & Homes of Arkansas, Inc. within the previous 24 months. If this period has elapsed and the applicant is reapplying, the applicant is required to disclose their previous approval date and amount.

The program reserves the right to deny assistance to any applicant that displays disrespectful or unreasonable behavior.

Applications submitted without the proper supplemental documentation (lease agreement or mortgage statement, utility bill(s), property taxes, etc.) will not be reviewed. Application approval is strictly based on the dollar amount that the applicant is able to show is owed to housing-related entities – the more information/documentation/bills provided, the more assistance the applicant may be eligible to receive up to $2,000.

If approved, grant award checks are made out directly to the owed entity. For this reason, if the applicant has been evicted the program is unable to award a grant. If an eviction notice is received by the applicant (1) prior to application submission or (2) in the time between application submission and application review, the applicant is required to notify the program via email.

The program is only able to award a maximum of $2,000 to an individual grant recipient. If the applicant submits bills showing an amount owed that exceeds $2,000, the application may be denied for this reason.

CONFIDENTIALITY

All information provided on the form will remain confidential and will be available only to (1) those who need to confirm eligibility for assistance and/or (2) those who process the application. If the applicant wishes for their application status to be discussed with an owed entity such as a landlord, permission for the program to do so must be granted in writing. Otherwise, information will not be shared with other parties for any other purpose.

SUBMITTING APPLICATION

(1) Mail application to Hearts & Homes of Arkansas, Inc. at 11224 Executive Center Drive, Little Rock, AR 72211
OR (2) Email application to Hearts & Homes of Arkansas, Inc. at HeartsAndHomesInfo@gmail.com

REQUIRED DOCUMENT CHECKLIST

IF RENTING	• **RENTAL/LEASE AGREEMENT (IF EXPIRED, PLEASE NOTE CONTINUANCE)** • **AT LEAST ONE RECENT UTILITY BILL** • **ANY EVICTION OR SHUT OFF NOTICE RECEIVED**
IF PAYING MORTGAGE	• **RECENT MORTGAGE STATEMENT** • **AT LEASE ONE RECENT UTILITY BILL** • **ANY SHUT OFF NOTICE RECEIVED**
IF OWN OUTRIGHT	• **AT LEAST ONE RECENT UTILITY BILL** • **ANY SHUT OFF NOTICE RECEIVED**
OPTIONAL (NOT REQUIRED)	• **DOCTOR'S NOTE TO VERIFY ILLNESS** • **PROOF OF DISABILITY**

SECTION I: CONTACT INFORMATION

FULL NAME:	
EMAIL ADDRESS:	
MOBILE PHONE:	**OTHER PHONE:**

PHYSICAL ADDRESS:			
UNIT #:	**CITY:**	**STATE:**	**ZIP:**

MAILING ADDRESS:			
UNIT #:	**CITY:**	**STATE:**	**ZIP:**

NAME & AGE OF ANY DEPENDENTS WHO OCCUPY THE HOME:

(IF NOT SELF) NAME OF PERSON FILLING OUT APPLICATION & RELATIONSHIP:

SECTION II

CHECK ONE: ____ RENTING ____ PAYING MORTGAGE ____OWN HOME OUTRIGHT
NAME ON MORTGAGE OR LEASE:

COMPLETE APPLICABLE SECTION	RENTING:	NAME OF LANDLORD/COMPLEX:
		PHONE NUMBER:
	PAYING MORTGAGE:	NAME OF LENDER:
		WEBSITE:
		NAME OF INSURANCE CARRIER:

MONTHLY HOUSING PAYMENT AMOUNT (FOR LEASE OR MORTGAGE):	
TOTAL AMOUNT OWED TO LANDLORD/COMPLEX/LENDER:	
HAVE YOU RECEIVED AN EVICTION NOTICE?	IF YES, FINAL DATE TO PAY:

SECTION III

EMPLOYMENT STATUS:	OCCUPATION:
EMPLOYER:	EMPLOYER PHONE:

GROSS MONTHLY INCOME FROM ALL HOUSEHOLD MEMBERS:
(INCLUDES ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE, GOVERNMENT BENEFITS, ETC.)

ANY FINANCIAL ASSISTANCE YOU HAVE RECENTLY RECEIVED FROM OTHER SOURCES:		
PROVIDER	DESCRIPTION	AMOUNT RECEIVED

DO YOU HAVE A RELATIONSHIP WITH ANY OFFICER, DIRECTOR, OR EMPLOYEE OF HEARTS & HOMES OF ARKANSAS, INC. OR THE ARKANSAS REALTORS® ASSOCIATION?
_____ YES _____ NO IF YES, WHO?

HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM THIS PROGRAM?
_____ YES _____ NO IF YES, WHEN & HOW MUCH?

SECTION IV

(IF NOT SELF) NAME OF PERSON WITH ILLNESS(ES) & RELATIONSHIP:

IF YOU FEEL COMFORTABLE SHARING: PLEASE LIST THE TOP THREE PERTINENT DIAGNOSES
(THIS IS NOT REQUIRED, BUT IT DOES HELP THE BOARD UNDERSTAND AND CONSIDER YOUR CIRCUMSTANCES)

DIAGNOSIS	DATE RECEIVED

DESCRIBE THE FOLLOWING IN AS MUCH DETAIL AS YOU ARE COMFORTABLE:

- **THE CATASTROHPIC ILLNESS(ES) THAT CAUSED YOUR NEED FOR ASSISTANCE**
- **A ROUGH DATE OF WHEN YOU BEGAN DEALING WITH THE ILLNESS(ES)**
- **HOW THE ILLNESS(ES) IMPACT YOUR ABILITY TO PAY FOR HOUSING-RELATED EXPENSES**

BY SIGNING THIS APPLICATION, I CONFIRM UNDERSTANDING OF ALL OF THE FOLLOWING:

THIS PROGRAM IS DESIGNED TO ASSIST THOSE FACING THE EFFECTS OF:
(1) NATURAL DISASTER NOT OTHERWISE FUNDED BY THE REALTORS® RELIEF FOUNDATION
(2) ILLNESS DEEMED, AT THE DISCRETION OF THE BOARD, TO BE CATASTROPHIC

THIS IS **NOT AN IMMEDIATE ASSISTANCE** PROGRAM. APPLICATIONS ARE REVIEWED AT A MONTHLY MEETING (DATE VARIES).

APPLICATION SUBMISSION IS **NOT GUARANTEED APPROVAL.** QUALIFICATION IS DETERMINED BY THE BOARD OF DIRECTORS.

THE PROGRAM MAY **REQUEST ADDITIONAL INFORMATION BEFORE CONSIDERING** AND/OR APPROVING MY APPLICATION.

APPLICATION WILL NOT BE CONSIDERED IF SUBMISSION IS:
(1) NOT SIGNED, **(2)** INCOMPLETE, **(3)** NOT ACCOMPANIED BY THE PROPER SUPPLEMENTAL DOCUMENTATION
IT IS **MY RESPONSIBILITY** TO ENSURE SUBMISSION CRITERIA IS MET.

APPLICATION SUBMISSION & REVIEW PROCESS:
(1) I WILL RECEIVE CONFIRMATION ONCE MY APPLICATION IS ACCEPTED (NOT IMMEDIATELY UPON SUBMISSION).
(2) I MAY NOT RECEIVE ANY FURTHER COMMUNICATION UNTIL MY APPLICATION IS REVIEWED.
THIS DOES NOT MEAN THAT MY APPLICATION HAS BEEN LOST OR DENIED, JUST THAT IT HAS NOT YET BEEN REVIEWED.
(3) ONCE MY APPLICATION IS REVIEWED, I WILL RECEIVE COMMUNICATION REGARDING ITS DECISION STATUS.
(4) IF APPROVED, CHECK(S) WILL ARRIVE WITHIN THREE WEEKS
IF DENIED, APPLICANT MAY INQUIRE AND/OR REAPPLY

IF I HAVE RECEIVED ASSISTANCE FROM THIS PROGRAM IN THE **LAST 24 MONTHS**, I AM INELIGIBLE TO RECEIVE MORE AT THIS TIME.

I AM REQUIRED TO INFORM THE PROGRAM IMMEDIATELY UPON **RECEIPT OF EVICTION OR SHUT OFF NOTICE** – WHETHER IT BE
(1) PRIOR TO APPLICATION SUBMISSION OR **(2)** IN THE TIME BETWEEN APPLICATION SUBMISSION AND APPLICATION REVIEW.

GRANT AWARDS FOR APPROVED APPLICATIONS ARE:
(1) BASED STRICTLY ON THE AMOUNT I AM ABLE TO SHOW THAT I OWE TO HOUSING-RELATED ENTITIES
(2) MADE PAYABLE TO THE OWED ENTITY IN THE EXACT AMOUNT THAT IS OWED
(3) MAILED TO ME AND IT IS MY RESPONSIBILITY TO DELIVER PAYMENT TO THE OWED ENTITY AND ENSURE IT IS CREDITED
(4) ONLY AWARDED UP TO A MAXIMUM OF $2,000 PER APPLICANT EVERY 24 MONTHS
IF THE MATERIALS SUBMITTED SHOW A TOTAL OWED OF MORE THAN $2,000, MY APPLICATION MAY BE DENIED

THE PROGRAM RESERVES THE RIGHT TO:
(1) ACCEPT OR REJECT ANY APPLICATION; DENY ASSITANCE TO ANY APPLICANT
(2) CANCEL ANY GRANT MADE FOR GOOD AND SUFFICIENT REASON

MY APPLICATION AND/OR ITS STATUS **WILL NOT BE DISCUSSED WITH ANY OTHER PARTY**
UNLESS THE PROGRAM IS EXPLICITY AUTHORIZED TO DO SO IN WRITING, SIGNED BY THE APPLICANT.

BY SIGNING THIS APPLICATION, I VERIFY THE FOLLOWING:

I EARNESTLY FEEL THAT I QUALIFY FOR ASSISTANCE UNDER THE **EXPLICITY OUTLINED PURPOSE** OF THIS PROGRAM

ALL INFORMATION PROVIDED IS **TRUE AND CORRECT** TO THE BEST OF MY KNOWLEDGE

BY SIGNING THIS APPLICATION, I AGREE TO THE FOLLOWING:

ALL FUTURE COMMUNICATION AND DISCLOSURES PERTAINING TO THIS APPLICATION AND THE PROPOSED RECIPIENT OF ASSISTANCE SHALL ONLY BE BETWEEN HEARTS & HOMES OF ARKANSAS, INC. AND SUCH PROPOSED RECIPIENT BY SUBMISSION OF THIS APPLICATION, THE SUBMITTING PARTY AGREES TO FORWARD ANY COMMUNCIATION OR DISCLOSURE RECEIVED THEREBY FROM OR ON BEHALF OF HEARTS & HOMES OF ARKANSAS, INC. REGARDING THE PROPOSED RECIPIENT OR THIS APPLICATION TO THE PROPOSED RECIPIENT AND FURTHER TO PROMPTY ADVISE HEARTS & HOMES OF ARKANSAS, INC. IF ANY COMMUNICATION OR DISCLOSURE PERTAINING TO SUCH SUBJECT MATTER HAS BEEN ERRONEOUSLY DELIVERED TO THE SUBMITTING PARTY.

APPLICANT PRINT NAME	
APPLICANT SIGNATURE	**DATE**