



MBA Opens Doors FoundationSM

Mortgage Assistance Grant Application

MBA Opens Doors FoundationSM provides assistance to homeowners with critically or chronically ill or seriously injured children by making a mortgage payment on the family's behalf, allowing parents to spend time with their children.

Application Check List (Fill out all sections completely. Please print clearly.)

- 1. **Personal Information** (Page 2)
- 2. **Medical Information:** Social Worker/Medical/Health Care Provider has signed off (Page 3)
- 3. **Employment/Income and Financial Impact Information** (Page 4)
- 4. **Mortgage Information:** Enclose most recent mortgage statements, including first and second (Page 5)
- 5. **Signatures** (Page 6)

MBA Opens Doors Foundation does not expect repayment. However, if you know of others that may have an interest in MBA Opens Doors Foundation's financial support please direct them to mbaopensdoors.org and ask them to contribute.

Thank you.

Submission of Application

Applications received by the 15th of the month will be processed for grant awards made for the 1st of the next month.

Only complete applications providing all attachments and supporting documentation will be reviewed. All application criteria must be met. Incomplete applications may be re-submitted upon completion and will be considered for the next grant award cycle.

Online

Fill out the application completely, then scan it with any additional required documentation to your computer and email it as an attachment to applications@mbaopensdoors.org.

Fax

Fill out the application completely and fax it with any additional required documentation to:
(855) 450-3639

Note: ONLY use the fax number listed above.

Mail

Fill out the application completely and mail it with any additional required documentation to:
MBA Opens Doors Foundation
1919 M Street NW, 5th Floor
Washington, DC 20036

For Any Questions

Call (202) 557-2929 or
email to info@mbaopensdoors.org

1. Personal Information (REQUIRED) (Please print clearly)

Date of Application

Applicant's Child's Name

Date of Child's Birth

A. PARENT/GUARDIAN 1

Check One: Parent(s) Grandparent(s) Legal Guardian(s) Court Ordered Custodian(s)

If applicant is single parent/guardian are you the primary caregiver? Yes No

Do you have primary custody of the child? Yes No

Are you the Primary Contact? Yes No

Active or Retired Military? Yes No

Parent/Guardian's Name

Names and ages of other children living in permanent home

Permanent Home Address

City

County

State

Zip

Permanent Home Phone

Cell Phone

Work Phone Parent/Guardian

Email Address

B. PARENT/GUARDIAN 2

Check One: Parent(s) Grandparent(s) Legal Guardian(s) Court Ordered Custodian(s)

Are you the Primary Contact? Yes No

Active or Retired Military? Yes No

Parent/Guardian's Name

Names and ages of other children living in permanent home

Permanent Home Address

City

County

State

Zip

Permanent Home Phone

Cell Phone

Work Phone Parent/Guardian

Email Address

C. Previous MBA Opens Doors Foundation applicant? Yes No

If so, date of application? _____

Recipient of a mortgage assistance grant for _____

Deferred decision, reason _____

Declined decision, reason _____

2. Medical Information (REQUIRED WITH SIGNATURE OF HEALTH CARE PROVIDER)

A. Child has had a combination of inpatient **AND** full-time home care. Yes No

B. **Child's Medical Situation:** Please write a description of your child's illness and diagnosis or type of injury, length of hospitalization, number of surgeries and other information that you feel we should know. Social worker or health care provider **MUST sign this application stating that this is the medical situation and hospitalization information.** Continue on separate sheet if necessary.

C. Hospitalizations

Date(s)	Hospital

D. Home Care

Date(s)	Home Care Services Provider

To Be Completed by Social Worker/Medical/Health Care Provider

Child's current condition: Stable Critical Declining

Name of Social Worker/Health Care Provider	Company		
Phone	Email Address		
Address	City	State	Zip

I certify the medical information provided in this application is accurate and I am authorized by the Family and Health Care Provider to submit this application.

Signature	Date
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3. Employment/Income and Financial Impact Information (REQUIRED)

A. PARENT/GUARDIAN 1

Name of Employer _____ Phone _____

Work Address _____ City _____ State _____ Zip _____

Is parent/guardian currently on paid leave? Yes No Leave start date: _____

Parent/Guardian 1's Monthly Gross Income (before taxes)

Before illness/hospitalization: \$ _____ During/after illness/hospitalization: \$ _____

B. PARENT/GUARDIAN 2

Name of Employer _____ Phone _____

Work Address _____ City _____ State _____ Zip _____

Is parent/guardian currently on paid leave? Yes No Leave start date: _____

Parent/Guardian 2's Monthly Gross Income (before taxes)

Before illness/hospitalization: \$ _____ During/after illness/hospitalization: \$ _____

Work and Financial Impact: Please describe loss of income, due to unpaid leave from work or decreased work hours, as a result of your child's hospitalization. Also describe details of additional expenses incurred (mileage, meals, parking, gas, lodging, etc.) and out-of-pocket insurance payments. Please provide details of financial hardship.

4. Mortgage Information (REQUIRED)

Include a copy of your most recent mortgage statement verifying account number, property address and mortgage payment with this application.

The maximum mortgage grant is \$2,500 for a **primary residence only**. If an application is approved and mortgage payment amount exceeds the \$2,500 cap, the applicant must pay the difference. If the applicant cannot afford to pay the difference between \$2,500 and the mortgage payment amount, the applicant will not qualify for a mortgage grant.

The grant payment from MBA Opens Doors Foundation is for the first mortgage only, plus escrow, under the terms of the existing mortgage. The grant also excludes second and third mortgages and home owner association fees. MBA Opens Doors Foundation will submit payment directly to the lender.

A. Lender Information

Name of primary mortgage lender OR contract for deed holder

Payment address City State Zip

Contact name, if available Lender Phone

Mortgage Account Number

Monthly payment amount: \$ _____

B. Homeowner Information

Name of person(s) listed on mortgage statement Social Security Number of person(s) listed on mortgage statement

Name of person(s) listed on mortgage statement Social Security Number of person(s) listed on mortgage statement

C. Are you current on your mortgage payments? Yes No

(Please Note: Mortgage payments **cannot be more than one month delinquent** at the time of application, otherwise the application will be rejected.)

D. Are mortgage payments automatically withdrawn from your account? Yes No

If yes, what day of the month are funds withdrawn from your account for payment? _____

I/we hereby authorize the mortgage lender/contract for deed holder listed above to provide the status of my/our mortgage loan (loan number stated above) to MBA Opens Doors Foundation.

Signature Print Name Date

Signature Print Name Date

5. Signatures (REQUIRED)

Please check all that apply and sign:

I have read the guidelines and understand them. I attest this information is true to the best of my ability. I authorize my child's medical care provider to discuss my child's medical information pertinent to this case with representatives of MBA Opens Doors Foundation. I understand that the grant is at the discretion of the MBA Opens Doors Foundation and the Board may adjust guidelines for future grants, at their discretion.

Only complete applications providing all attachments and supporting documentation will be reviewed. All application criteria must be met. Incomplete applications may be re-submitted upon completion and will be considered for the next grant award cycle.

I hereby grant MBA Opens Doors Foundation and Mortgage Bankers Association permission as follows:

- A.** I give MBA Opens Doors Foundation **consent to use my family's stories without restriction** in all media. This consent applies to my child's name and photo and my name and photo, as well as the story of my child's illness and treatment, to promote the purposes of the MBA Opens Doors Foundation and to solicit funds to help other children.
- B.** Use our story, however, **please keep my family anonymous.**
- C.** Do **not** use our story.

I understand that neither my child nor I will receive any compensation as a result of the use of our information and photos as described in this release. I waive any rights of privacy and/or approval of the materials in which our name and/or likenesses may be used.

Permission to contact referring health facility

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

FOR MBA OPENS DOORS FOUNDATION USE ONLY

MODF

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

Disposition

- A _____
- D1 _____
- D2 _____

Other

