MBA Opens Doors Foundation℠ Rental Grant Assistance Application

MBA Opens Doors Foundation℠ provides assistance to residents of rental properties with critically or chronically ill or seriously injured children by making a rent payment on the family's behalf, allowing parents to spend time with their children. Grants are made to provide reimbursement for previous rent payments.

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. Rent Payment Information:** Enclose proof of payment of previous month's rent, including a cancelled check or a letter from the landlord's representative (see #7 on *Guidelines*). (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 Housing Grant Program payment? ☐ Mortgage Grant Assistance ☐ Rental Grant Assistance

☐ 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

Date(s) Hospital

Date(s) Hospital

Date(s) Hospital

D. Home Care

Date(s) Home Care Services Provider

Date(s) Home Care Services Provider

Date(s) Home Care Services Provider

Date(s) Home Care Services Provider

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

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

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. Rental Payment Information (REQUIRED)

With this application, please include a copy of your lease, a copy of your most recent rent statement reflecting property address and monthly rent payment and your cancelled check and/or bank statement reflecting payment.

The maximum rental payment grant is $2,500 for a **primary residence only**.

A. Landlord/Property Manager Information

Name of landlord or property manager

Payment address | City | State | Zip

Contact name, if available | Landlord or property manager phone

Rental Payment Account Number

Monthly payment amount: **$** _____ For the month of _____ (date)

B. Renter Information

Name of person(s) listed on rental/leasing agreement | Social Security Number of person(s) listed on rental/leasing agreement

Name of person(s) listed on rental/leasing agreement | Social Security Number of person(s) listed on rental/leasing agreement

C. Are you current on your rental payments? ☐ Yes ☐ No
(Please Note: Rental payments **cannot be more than one month delinquent** at the time of application, otherwise the application will be rejected.)

D. Are rental payments automatically withdrawn from your account? ☐ Yes ☐ No
(See **proof of rental payment requirement**.)

If yes, what day of the month are funds withdrawn from your account for payment?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

E. Provide a copy of a recent utility bill reflecting your name and address.

F. Is the applicant receiving other rental or other financial assistance? ☐ Yes ☐ No
(If yes, applicant acknowledges that he/she/they are responsible for verifying the effect, if any, of a rental payment grant on eligibility for continued *governmental* assistance.)

5. Signatures (REQUIRED)

Please check all that apply and sign:

I have read the guidelines and understand them. I attest this information is accurate and 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 _____
☐ 11 _____

Disposition

☐ A _____
☐ D1 _____
☐ D2 _____

Other

_____
_____
_____