



2017 Member Assistance Program Application MAP

APPLICANT INFORMATION

Name:		GVR Account #:
Name:		GVR Account #:
Email:	Cell Number:	Home Number:
Property address:		
City:	State: Arizona	ZIP Code:

INCOME INFORMATION

SECTION 1

Monthly Household Net Income: \$ _____		Are you currently employed: _____
Are you currently receiving Social Security: Yes or No		
Are you receiving any State or Federal Assistance: Yes or No		Amount from Assistance: \$ _____
Income from IRA's, 401K, Pensions, Investments: \$ _____	Other Income : \$ _____	➤ Please provide supporting documents
Total Net Income from all Sources: \$ _____		

MONTHLY EXPENSES

SECTION 2

Current Mortgage payment: \$ _____	Property taxes and Insurance: \$ _____	Homeowners Association Dues (including GVR): \$ _____
Auto /Recreational Loans: \$ _____	Vehicle insurance: \$ _____	Credit Card/ Credit line loan payments: \$ _____
Medical/ Dental/ Life Insurance Premiums : \$ _____	Utilities (electric, gas, phone, etc.) (Combined Average): \$ _____	Food expenses: \$ _____ Additional expenses: \$ _____
Total Monthly Expenses: \$ _____		**Please explain any additional expenses on back

ADDITIONAL INFORMATION

SECTION 3

Are you currently residing in this property: YES or NO	<i>If not, please explain:</i>
Is this property currently for sale: YES or NO	<i>If so, when did you list the property:</i>
Is this property a rental property: YES or NO	Do you currently have tenants: YES or NO
Have you ever applied for the Member Assistance Program before?: YES or NO	<i>If so, when:</i>
Number of people residing in the Household: _____	

PLEASE PROVIDE AND ATTACH THE FOLLOWING DOCUMENTS

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> Bank Statements – Two (2) most recent for all accounts to include checking and savings | <ul style="list-style-type: none"> Tax return- Last recent filed tax return (if applicable) | <ul style="list-style-type: none"> Paystubs- If employed, provide the two (2) most recent |
|--|---|---|

AUTHORIZATION

The signature(s) below authorizes the GVR Foundation to obtain additional information to complete the application process, if applicable. By signing this application you are granting GVR Foundation the rights to review this application and supporting documents. False information and incomplete applications will not be accepted. Applications must be received by December 15, 2016 for consideration.

SIGN AND DATE

I authorize the verification of the information provided on this application.

Signature of applicant:	Date:
Signature of applicant:	Date: