



2019 GVR MEMBER ASSISTANCE PROGRAM (MAP) APPLICATION FORM

READ CAREFULLY AND COMPLETE EACH SECTION.
APPLICATION DEADLINE: JANUARY 15, 2019

IMPORTANT: ALL copies of supporting documentation requested must be provided for each member of the household.

Application Questions: Contact Karen Miars 520-625-3440 ext. 7213

APPLICANT INFORMATION:

Applicant Name: _____

GVR Member #: _____

Email: _____

Cell Number: _____

Home Number: _____

Property Address: _____

City: _____ State: _____ ZIP Code: _____

Additional Applicant Name: _____

GVR Member #: _____

Email: _____

Cell Number: _____

Mailing address, if different from property address:

Address: _____

City: _____ State: _____ Zip: _____

Number of individuals residing in your Household: _____

Do you provide care to another person in your household (child, parent, family member, etc.)?

Explain: _____


SECTION 1: NON-FINANCIAL INFORMATION

Do you currently reside at this property: <i>If No, please explain:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property currently for sale or in escrow: <i>If Yes, what is the date you listed the property for sale:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property currently a rental: <i>If Yes, please explain:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for the Member Assistance Program? <i>If Yes, what was the last year you applied:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a Temporary Hardship?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2A: INCOME INFORMATION

Check **YES** or **No** for each income item that applies to the household.

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Line of Credit Payments	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	Earned Income Tax Credit (EITC)	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Winnings (Lottery / Gambling)	<input type="checkbox"/>	<input type="checkbox"/>
Pensions / IRA / 401k	<input type="checkbox"/>	<input type="checkbox"/>	Royalties/ Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Annuity Income	<input type="checkbox"/>	<input type="checkbox"/>	Gifts / Loans / Contributions	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	<input type="checkbox"/>
Alimony / Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Self-employment	<input type="checkbox"/>	<input type="checkbox"/>
Payments from Trust	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>

 For each item above checked **YES**, please provide the information in the below worksheet. Send copies of **CURRENT VERIFICATION** of **ALL INCOME** listed below. (Examples: Social Security Benefits Statement, Pay Stubs, Award Letters, etc.) ****PROVIDE COPIES ONLY - copies will not be returned****

Name of applicant receiving income	Type of income	Date received or expected to receive	Monthly Gross Amount (before deductions)	How often received (weekly, bi-weekly, monthly, yearly)

SECTION 2B: STATE / FEDERAL ASSISTANCE

Do you currently receive State or Federal Assistance? If so, check all answers that apply. Specify monthly amount in the space provided. *If this does not apply to you, please continue to Section 3.*

Check the answers that apply

- _____ SNAP (Supplemental Nutrition Assistance Program): \$ _____
- _____ LIHEAP (Low Income Home Energy Assistance Program): \$ _____
- _____ Medicaid: \$ _____
- _____ TANF (Temporary Assistance for Needy Families): \$ _____
- _____ Other Assistance: \$ _____

SECTION 3: MONTHLY EXPENSES

Fill out the worksheet below with your monthly expenses. If your expenses are billed annually, divide by 12 months to get the monthly expenses.

If you need additional space, use a separate sheet of paper and attach to this application.

If your property taxes and insurance are included in your mortgage enter \$0

PLEASE ENTER THE MONTHLY HOUSEHOLD EXPENSES BELOW

- | | | | | | | | | | | | | | | | |
|---|----------------|-------------|---------------------|-------------|-----------------|-------------|------------------|-------------|---------------------------------|-------------|------------------------|-------------|--------------------|-------------|---|
| <ol style="list-style-type: none"> 1. Mortgage Loan 2. Property Taxes 3. Homeowners Insurance 4. Homeowners HOA Dues 5. Green Valley Recreation Dues 6. Vehicle Loans or Lease 7. Vehicle Insurance Premiums 8. Credit Card Payments (average combined) 9. Line of Credit from Loan 10. Medical and Dental Insurance Premiums 11. Life Insurance Premiums 12. Food Expenses (estimated) 13. Household necessities expense 14. Utilities Expenses <table border="0" style="margin-left: 20px;"> <tr> <td style="width: 30px;">a. Gas Company</td> <td style="width: 100px;">a. \$ _____</td> </tr> <tr> <td>b. Electric Company</td> <td>b. \$ _____</td> </tr> <tr> <td>c. Water, Sewer</td> <td>c. \$ _____</td> </tr> <tr> <td>d. Trash Service</td> <td>d. \$ _____</td> </tr> <tr> <td>e. Cable / Satellite / Internet</td> <td>e. \$ _____</td> </tr> <tr> <td>f. Home and Cell Phone</td> <td>f. \$ _____</td> </tr> <tr> <td>g. Other Services:</td> <td>g. \$ _____</td> </tr> </table> 15. Other Expense:
Explain: _____

_____ | a. Gas Company | a. \$ _____ | b. Electric Company | b. \$ _____ | c. Water, Sewer | c. \$ _____ | d. Trash Service | d. \$ _____ | e. Cable / Satellite / Internet | e. \$ _____ | f. Home and Cell Phone | f. \$ _____ | g. Other Services: | g. \$ _____ | <ol style="list-style-type: none"> 1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____ 5. \$ _____ 6. \$ _____ 7. \$ _____ 8. \$ _____ 9. \$ _____ 10. \$ _____ 11. \$ _____ 12. \$ _____ 13. \$ _____ 14. \$ _____ 15. \$ _____ |
| a. Gas Company | a. \$ _____ | | | | | | | | | | | | | | |
| b. Electric Company | b. \$ _____ | | | | | | | | | | | | | | |
| c. Water, Sewer | c. \$ _____ | | | | | | | | | | | | | | |
| d. Trash Service | d. \$ _____ | | | | | | | | | | | | | | |
| e. Cable / Satellite / Internet | e. \$ _____ | | | | | | | | | | | | | | |
| f. Home and Cell Phone | f. \$ _____ | | | | | | | | | | | | | | |
| g. Other Services: | g. \$ _____ | | | | | | | | | | | | | | |

Add lines 1-15 and ENTER the Total HERE:

Grand Total:
\$ _____

ADDITIONAL INFORMATION NEEDED – PLEASE READ CAREFULLY

- Please provide BANK STATEMENTS to verify the financial information you have provided.
 - ✓ For each checking / savings account, include copies of all pages of the most recent two months.

- TAX RETURN: Send a copy of your 2017 Tax Return.

• I do not file a tax return, I am exempt. Yes No

AUTHORIZATION

By signing this application, you authorize GVR to review and verify this application and supporting documents to establish eligibility. Additionally, you authorize GVR to obtain additional information to complete the application process, if necessary.

Applications must be received no later than January 15, 2019 for consideration.

Applicants who knowingly withhold information or provide inaccurate or false information, are disqualified from receiving assistance and will not be reconsidered.

SIGN AND DATE

I authorize the verification of the information provided on this application. I understand my records will be kept confidential and only be used for consideration of my application.

Signature of applicant: _____

Date: _____

Signature of applicant: _____

Date: _____



MEMBER ASSISTANCE PROGRAM (MAP) Policy

SECTION I - GENERAL

The Member Assistance Program (MAP), established in 1995, provides financial assistance to qualifying GVR members experiencing financial hardship and unable to pay GVR annual dues.

GVR solicits funding for MAP from GVR members, staff, clubs, fundraisers and local community organizations.

SECTION II - ELIGIBILITY

GVR members eligible to participate in MAP:

- A. Must have a household income of not greater than 200% of the FEDERAL POVERTY GUIDELINES.
- B. GVR member for at least 12 months.
- C. Self-paid GVR annual dues for one (1) year.
- D. GVR member in good standing – no delinquent annual dues at time of application.
- E. Reside in GVR home year-round.
- F. GVR home must be your private residence.
- G. MAP grant recipients must reapply each year. GVR cannot use any prior year's submission information.

NOTE: GVR members who own an additional home or rental property are not eligible for MAP.

SECTION III – APPLICATION PROCESS

GVR members interested in applying for MAP must complete an application form available online at www.gvrec.org or at the GVR Administrative Offices. You may be asked to provide additional information if needed to complete the evaluation of your application. Any inaccurate information may result in denial of the application. Completed applications with supporting documentation will be reviewed in a timely manner to determine whether full dues or partial dues' assistance is warranted based on each individual situation. For partial MAP grant awards, GVR members are required to pay their portion in advance of receiving the MAP award or a payment plan may be set-up for the annual dues' balance required. **All information is kept confidential.** You will be notified by USPS first class mail of the status of your application.

SECTION IV – REPAYMENT OF MAP FUNDS

Repayment of MAP funds is required if your home is sold or rented during the year of MAP award. The amount owed will be determined at the time of sale/rent and reimbursement to GVR is required. No liens or collections may be assessed on GVR homes owned by a MAP grant recipient.