



Please note that our application has changed. Our application is now an editable PDF, allowing you to provide your responses and submit your application electronically.

All required signatures (medical and family) are captured on Page 8. Instructions to add your digital signature can be found at the top of the page. Alternatively, this page can be printed, signed and scanned. Once scanned, the page should be emailed along with the application and any attachments to applications@mbaopensdoors.org.

If you have any questions, please do not hesitate to contact us at 202-557-2929 or by email at info@mbaopensdoors.org.

Thank you.



MBA Opens Doors Foundation® Rental Assistance Grant Application

MBA Opens Doors Foundation provides assistance to residents of rental properties with critically or chronically ill, or seriously injured children through its Home Grant Program. Assistance is in the form of a mortgage or rental payment on a family's behalf. The grant assistance program aims to help parents and/or guardians more easily spend time by a child's side during treatment. Grants are intended to cover the cost of the prior month's rent.

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

- 1. Personal Information (Page 3)
- 2. Medical Information: Social Worker/ Medical/ Health Care Provider has signed off (Page 4)
- 3. Employment / Income and Financial Impact Information (Page 5)
- 4. Rental Information (Page 6)
- 5. Grant Payment Information (Page 7)
- 6. Signatures (Page 8)

Grant reimbursement is not expected. However, as a 501(c)(3) charitable organization, the MBA Opens Doors Foundation relies on generous support from corporations, organizations and individuals to sustain its grant making programs. Contributions are 100% tax deductible as allowed by law and can be made online at www.mbaopensdoors.org. Contributions can also be mailed to:

MBA Opens Doors Foundation, 1919 M Street, NW, 5th Floor, Washington, DC 20036.

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.

Online - preferred

Fill out the application electronically, making sure that all required sections have been completed. The signature page (page 8) can be completed electronically (instructions included on page 8) or printed, signed and scanned. Please email the application, signed signatures page and any additional required documentation to: applications@mbaopensdoors.org.

Fax – only if the application cannot be emailed.

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.

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

1. **Personal Information** (REQUIRED)

Date of Application

Applicant's Child's Name

Date of Child's Birth

A. PARENT/GUARDIAN 1

Check one: Parent Grandparent Legal Guardian Court Ordered Custodian

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

Please select the category(s) that best describe Parent/Guardian 1: White Hispanic/Latino/Spanish Origin Asian

Black/African American American Indian/Alaskan Native Middle Eastern/North African

Native Hawaiian/Other Pacific Islander Other race/ethnicity/origin

B. PARENT/GUARDIAN 2

Check one: Parent Grandparent Legal Guardian Court Ordered Custodian

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

Please select the category(s) that best describe Parent/Guardian 2: White Hispanic/Latino/Spanish Origin Asian

Black/African American American Indian/Alaskan Native Middle Eastern/North African

Native Hawaiian/Other Pacific Islander Other race/ethnicity/origin

C. Previous MBA Opens Doors Foundation applicant? Yes No

Previous MBA Opens Doors Foundation recipient? Yes No If yes, Mortgage Assistance Rental Assistance

Deferred, reason: _____

Declined, reason: _____

2. Medical Information (REQUIRED WITH SIGNATURE OF HEALTH CARE PROVIDER – page 8)

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

A. Child has had at least 7 days of inpatient care OR a combination of at least 14 days of inpatient and full time professional home care. Yes No

B. **Child's Medical Situation:** Please describe 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

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

A. Parent/Guardian 1

Name of Employer (if applicable) Phone

Work Address City State Zip

Is parent/guardian 1 currently on unpaid leave? Yes No If yes, leave start date: _____

Parent/Guardian 1's annual gross income (before taxes) (REQUIRED)

- < \$10,000/year \$10,001 - \$19,999/year \$20,000 - \$39,999/year \$40,000 – 59,999/year
 \$60,000 - \$79,999/year \$80,000 - \$99,999/year > \$100,000/year

Has your income declined as a result of the illness and hospitalizations? Yes No
Please elaborate below in section C: Work and Financial Impact.

B. Parent/Guardian 2

Name of Employer (if applicable) Phone

Work Address City State Zip

Is parent/guardian 2 currently on unpaid leave? Yes No If yes, leave start date: _____

Parent/Guardian 2's annual gross income (before taxes) (REQUIRED)

- < \$10,000/year \$10,001 - \$19,999/year \$20,000 - \$39,999/year \$40,000 – 59,999/year
 \$60,000 - \$79,999/year \$80,000 - \$99,999/year > \$100,000/year

Has your income declined as a result of the illness and hospitalizations? Yes No
Please elaborate below in section C: Work and Financial Impact.

C. 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. Continue on separate sheet if necessary.

E. Is either parent or guardian a recipient of:

- Yes No Are recipients of USDA Supplemental Nutrition Assistance Program (SNAP)
- Yes No Are recipients of USDA 514/516 (Farm Labor Housing Loans & Grants)
- Yes No Are recipients of HUD 8 (Assistance for Public Housing Relocation/Replacement)
- Yes No Are recipients of HUD 202 (Supportive Housing for the Elderly Program)
- Yes No Are recipients of HUD 515 (Rural Rental Housing Loans)
- Yes No Are recipients of HUD 811 (Supportive Housing for Persons with Disabilities)
- Yes No Are recipients of USDA Women, Infants and Children (WIC)

4. Rental Information (REQUIRED)

Please attach all supporting documents to your application. Required documents include:

- a. A copy of your lease
- b. Documentation that you are current on rental payments. Examples of accepted documentation include: resident ledgers, cancelled check and/or bank statement reflecting payment, or a receipt for your last rental payment.
- c. Provide a copy of a recent utility bill reflecting your name and address.

A. Landlord/Property Manager Information

Name of landlord or property manager

Address

City

State

Zip

Contact name, if different from landlord/property manager

Landlord/property manager Phone

B. Renter Information

Name(s) of person(s) listed on rental/leasing agreement

\$ _____
Monthly payment amount in US dollars

Are you current on your rental payments? Yes No

(Please Note: Rental payments can be no more than one month past due at the time of application, otherwise the application will be rejected.)

Is the applicant receiving other rental or other financial assistance? Yes No

If yes, applicant acknowledges responsibility for verifying the effect, if any, of a rental payment grant on eligibility for continued governmental assistance.

6. Signatures (ALL REQUIRED)

To sign digitally, click in the box and select “A new digital ID I want to create now”; then click **Next**. Select “Windows Certificate Store”; click **Next**. Fill in your name and email address and click **Finish**. A box with your digital signature will pop up – click **Sign**.

Medical Team - Signature

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

Grant Payment – Signature(s) – TO BE SIGNED BY THE GRANTEE

I/we hereby authorize the mortgage lender/contact for deed holder listed on page 6 to provide the status of my/our mortgage loan (loan number stated above) to MBA Opens Doors Foundation.

Parent/Guardian 1 Signature Print Name Date

Parent/Guardian 2 Signature Print Name Date

Family – Signature(s) – TO BE SIGNED BY THE GRANTEE

Please check all that apply and sign:

I have read and agree to the guidelines outlined in this application. 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 that its Board of Directors 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 mission of the MBA Opens Doors Foundation and to solicit funds to support is grant making programs.
- B.** Use our story, however, **please keep my family anonymous.**
- C.** Please **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 Print Name Date

Parent/Guardian 2 Signature Print Name Date

FOR MBA OPENS DOORS FOUNDATION USE ONLY

MODF # _____

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____ 10 _____

DISPOSITION

A _____

D1 _____

D2 _____

Other

