



****Submission of Applications: Applications received by the 10th of the month will be processed for grant awards made for the 1st of the next month.**

Please note that our application is an editable PDF, allowing you to provide your responses and submit your application electronically. **Given the sizable increase in the number of grant applications submitted each month, we are no longer accepting handwritten applications. Only typed applications in the editable PDF format will be accepted. We appreciate your understanding and your attention to this matter.**

As a reminder, all communication and documentation submitted as part of this application, must be submitted to MBA Opens Doors Foundation by a member of the social work team and must include the name of the referring social worker.

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 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 each section completely and please type your answers in the space provided. Applications with missing information will be returned.

- 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)

Due to the high number of applications submitted each month, we can no longer accept handwritten applications. Please type your responses to each section. Thank you.

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 **10th of the month** will be processed for grant awards made for the 1st of the next month.

Email - preferred

Fill out the application electronically, making sure that all 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)

Application Date

Applicant's Child's Name

Child's Date of Birth

Child's Gender

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

State

Zip

Permanent Home Phone

Cell Phone

Work Phone

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

Please check one: Married Divorced/Legally Separated Single Parent/Never Married Widowed

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

State

Zip

Permanent Home Phone

Cell Phone

Work Phone

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

D. Hospitalizations

_____	_____
Date(s)	Hospital Name
_____	_____
Date(s)	Hospital Name
_____	_____
Date(s)	Hospital Name
_____	_____
Date(s)	Hospital Name

E. 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: _____

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: _____

C. Family's total combined income before taxes (Parent/Guardian 1 + Parent/Guardian 2)

(REQUIRED. This does not affect grant decisions.)

- < \$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

D. Is either parent or guardian a recipient of: For informational purposes only. Answers have no bearing on grant selection.

- | | | | |
|------------------------------|--|------------------------------|---|
| <input type="checkbox"/> Yes | USDA Supplemental Nutrition Assistance (SNAP) | <input type="checkbox"/> Yes | Rural Rental Housing Loans (HUD 515) |
| <input type="checkbox"/> Yes | Farm Labor Housing Loans & Grants (USDA 514/516) | <input type="checkbox"/> Yes | Housing for Persons with Disabilities (HUD 811) |
| <input type="checkbox"/> Yes | Public Housing Relocation/Replacement (HUD 8) | <input type="checkbox"/> Yes | USDA Women, Infants and Children (WIC) |
| <input type="checkbox"/> Yes | Housing for the Elderly Program (HUD 202) | <input type="checkbox"/> No | Parent/Guardian not a recipient |

5. Grant Payment Information

The maximum rental payment grant is \$2,500 for a **primary residence only** located in the United States or U.S. Territory. If an application is approved and rent exceeds \$2,500, the applicant is responsible for paying the difference. The Foundation does not pay utilities, security deposits or other fees.

Please note that MBA Opens Doors Foundation prefers to make grant payments via direct deposit when possible.

A. Direct Deposit Payment Information (for payment to the applicant)

Exact name of Account Holder(s) on bank account (e.g. name of parent/guardian to whom the grant payment will be made. Name(s) must match that of the account holder(s).

Name of Financial Institution in which the account is held (e.g. Bank of America)

City

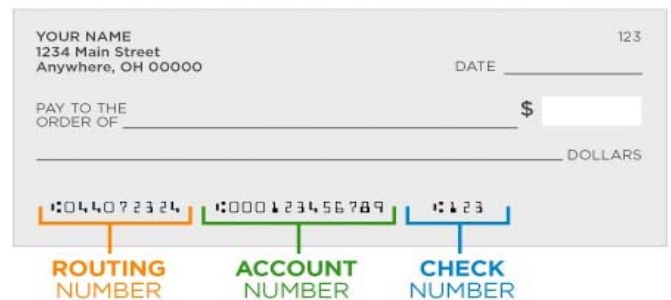
State

Zip

Routing Number (nine-digit number)

Account Number

Account Type (Savings or Checking)



B. Check payment. If Direct Deposit is not possible and a check is required, please make check payable to:

Name

Address

City

State

Zip

If you prefer that payment be sent directly to landlord/property manager at the address above, make check payable to:

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 certify that the rental information provided on page 6 is true and complete.

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
