

## Keller Williams Premier Agents Helping Agents (AHA) Gift Application

(This fund and application are independent from any KW Cares International Grant application)

The purpose of the Agents Helping Agents fund is to provide a measure of financial assistance to support Keller Williams Premier associates and their immediate families with hardship due to a sudden emergency.

Examples of circumstances that **WOULD** qualify for a gift (but not limited to)

- Sudden medical need not covered by insurance
- Unanticipated auto expense not covered by insurance for vehicle used in business operations
- Unanticipated housing catastrophes not covered by insurance (fire, flood, etc.)

Examples of circumstances for which gifts are **NOT** awarded are (but not limited to)

- Anticipated expenses
- Expenses that will be covered by insurance
- Funds to bridge a gap in income
- Shortfalls brought about by adverse real estate market conditions
- Legal actions – fines, fees, taxes, child support, penalties, etc.
- Credit card or gambling debits
- School tuition or fees

### Oversight & Accountability

KWP Agents Helping Agents Committee (AHA) shall oversee the disbursement of the KWP Agents Helping Agents fund and shall determine who will receive disbursement and in what amount.

There will be 5 KWP Cares committee members:

- 2 Associated Leadership Council members
- 2 Associates who have been with KW Premier longer than 2 years
- 1 KWP Associate
- 2 Alternates KWP Associates will be stand ins for the committee

5 committee members must be present to vote. The Team Leader will preside over the meetings and will collect and present the need to the committee. The agent's name for the need will be anonymous to the committee members. They will review and determine the need on the submitted application.

Regular accounting shall be given during the ALC monthly committee meeting. Accounting will be provided, but the names of any recipients will remain private.

Within 5 days of the submission to the committee, the applicant will receive notification of approval and the amount of the gift or notification of denial of gift. A majority vote is required to approve need.



**Amount Available to Request**

Associates applying for the AHA Fund can apply for up to \$1,000 within a 12-month time period. The AHA Fund will also provide up to 20% of the funds needed for approved KWCares Grant Applications.

Per the ALC Voted in November 2018, the Team Leader can create up to 1 month office bill or provide a gift card from the AHA Fund up to the base monthly agent bill without committee approval. Application must be filled out by the Team Leader and provided to the committee members at the next committee meeting.

The application can be submitted by the agent or on behalf of the agent by the Team Leader.

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**Submitted by: Agent    or    Team Leader**

Description of Need

Amount Requested: \_\_\_\_\_

Description of Need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Condition

Cash	
Checking Accounts	
Savings Accounts	
Other Account	

Attach a copy of the most recent statement for each of the following:

Statement	Monthly Amount	Statement Received
Mortgage/Rent/Lease		
Credit Cards		
Vehicle Loans		
Student Loans		
Vehicle Insurance		
Medical Insurance		
Utilities		
Other Debts		

Insurance Type	Yes	Good Until	No
Health			
Medicare			
Medicaid			
Prescription Drug			
Other			

Members of Household

Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Dependent: YES/NO  
 Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Dependent: YES/NO  
 Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Dependent: YES/NO  
 Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Dependent: YES/NO  
 Relation: \_\_\_\_\_ Age: \_\_\_\_\_ Dependent: YES/NO



**Certification of Application**

This is to certify that I have reviewed the KWP AHA gift criteria and the information submitted is accurate. I hereby give KWP AHA committee permission to ask for more information if needed.

Name of KWP Associate: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**\*\*\*For KWP AHA Committee Only\*\*\***

Date Application Received: \_\_\_\_\_ Application Reference #: \_\_\_\_\_

Vote Date: \_\_\_\_\_ Decision: \_\_\_ Approved \_\_\_ Not Approved

Members in Attendance: \_\_\_\_\_

\_\_\_\_\_

Distribution Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_