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REALTORS® Helping REALTORS® Application

This application is intended for members who have been financially affected by a natural disaster, illness, or other unforeseen circumstance. Applications will be carefully reviewed by the Baldwin REALTORS® Foundation Board of Directors.

Member Name: _____ **Office Name:** _____
Join Date: _____ **Phone:** _____

Please give us a detailed explanation of how you have been directly impacted. Be as detailed as possible. Attach additional sheets if necessary. Include any supporting documentation.

By signing below, I am certifying that the above statements are true and complete.

Member Signature: _____ **Date:** _____

By signing below, I am certifying that I am the above member’s managing broker and to the best of my knowledge, the member has been affected by a natural disaster, illness, or other unforeseen circumstance.

Broker Signature (required): _____ **Date:** _____