



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.



2020 GVR MEMBER ASSISTANCE PROGRAM (MAP) APPLICATION FORM

READ CAREFULLY AND COMPLETE EACH SECTION.

APPLICATION DEADLINE: JANUARY 10, 2020

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

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

APPLICANT INFORMATION

Applicant Name: _____

GVR Member #: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Additional Applicant Name: _____

GVR Member #: _____ Email: _____

Cell Phone: _____ Home Phone: _____

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? _____ YES / NO
 If no, please explain: _____

Is this property currently for sale or in escrow? _____ YES / NO
 If yes, what is the date you listed the property for sale: _____

Is this property currently a rental? _____ YES / NO
 If yes, please explain: _____

Have you ever applied for the Member Assistance Program? _____ YES / NO
 If yes, what was the last year you applied: _____

Is this a temporary hardship? _____ YES / NO

SECTION 2A: INCOME INFORMATION

Circle **YES or NO** for each income item that applies to the household.

Social Security Benefits _____ YES / NO	Line of Credit Payments _____ YES / NO
Employment _____ YES / NO	Earned Income Tax Credit (EITC) _____ YES / NO
Veterans Benefits _____ YES / NO	Winnings (Lottery / Gambling) _____ YES / NO
Pensions / IRA / 401K _____ YES / NO	Royalties / Dividends _____ YES / NO
Annuity Income _____ YES / NO	Gifts / Loans / Contributions _____ YES / NO
Disability Insurance _____ YES / NO	Rental Income _____ YES / NO
Alimony / Child Support _____ YES / NO	Self-Employment _____ YES / NO
Payments from Trust _____ YES / NO	Unemployment Benefits _____ YES / NO



For each item above circled YES, please provide the information in the below worksheet. Send copies of **CURRENT VERIFICATION of **ALL INCOME** listed below. (ie., 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	Monthly Gross Amt. (Before Deductions)	How Often Received (Wkly, Bi-Wkly, etc)

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.***

_____ 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

1. Mortgage Loan	1. \$
2. Property Taxes	2. \$
3. Homeowners Insurance	3. \$
4. Homeowners HOA Dues	4. \$
5. Green Valley Recreation Dues	5. \$
6. Vehicle Loans or Lease	6. \$
7. Vehicle Insurance Premiums	7. \$
8. Credit Card Payments (Average Combined)	8. \$
9. Line of Credit from Loan	9. \$
10. Medical and Dental Insurance Premiums	10. \$
11. Life Insurance Premiums	11. \$
12. Food Expenses (Estimated)	12. \$
13. Household Necessities Expense	13. \$
14. Utilities Expenses: Total Utilities:	14. \$
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. \$	
15. Other Expense: 15. \$	
Explain:	

Add Lines 1-15 and ENTER the GRAND TOTAL HERE ➔ **\$**

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 2018 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 10, 2020** for consideration.

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

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: _____