



To affiliate your brokerage with Long Island Guardian Grants, please complete this Application Form.

**Brokerage Information:**

Brokerage Name: \_\_\_\_\_

Brokerage License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

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

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

**Agreement Terms:**

By affiliating with Long Island Guardian Grants, the brokerage agrees to the following terms:

1. The brokerage commits to credit back \$3,000 towards the down payment for any transaction facilitated through the Long Island Guardian Grants platform to benefit volunteer first responders. If however, the gross commission earned is \$3,000 or less, the participating broker agrees to rebate only 50% of the gross commission.
2. No fees will be charged to the brokerage for this affiliation.
3. This agreement is on a transaction-by-transaction basis and the brokerage can decide to end the affiliation at any time.

**Agreement Confirmation:**

I, \_\_\_\_\_ (Full Name), as the authorized representative of the above-named brokerage, understand and agree to the terms outlined above. I confirm our voluntary affiliation with Long Island Guardian Grants and our commitment to crediting back as stipulated above.

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

**Submission Instructions:**

Please complete the form and email it to:

Long Island Guardian Grants, 136 Carleton Ave, East Islip, NY 11730

Alternatively, you can email a scanned copy to: [info@ligg.com](mailto:info@ligg.com)

For any queries, please contact our office at (631) 306-4380.

*Thank you for your dedication to supporting our heroes and making homeownership a reality for them.*