



CALIFORNIA ASSOCIATION OF REALTORS®

Champions of Home Award Client Testimonial Form

REALTOR® Nominee Name _____

Company _____

The REALTOR® named above has been nominated to receive a Champions of Home Award. This prestigious award is presented annually by the CALIFORNIA ASSOCIATION OF REALTORS® in order to recognize REALTORS® who have gone to extraordinary lengths in service to their clients. A recipient of the Champions of Home Award will be someone who has demonstrated incredible compassion and care, and found solutions to extremely difficult situations for their clients. Through unselfish efforts and determination, this person has changed the lives of clients for the better. It is our hope that by highlighting outstanding examples of service, we will inspire others in the industry to similar action. Thank you for taking the time to participate in this program.

To be completed by client:

Client name _____

Daytime Phone _____ Alt. phone _____

email address _____

Best time to reach you _____

*Awards staff will contact you to verify your testimonial during our vetting period.
Calls will be made Monday – Friday between 8:30 a.m. and 6:00 p.m.*

1. When did you work with the REALTOR® named above?

From Month/Year _____ to Month/Year _____

2. How many times have you worked with the nominee? _____

3. The REALTOR® represented you as the (*circle one*):

Buyer

Seller

Both

4. Do you have any relationship with the nominee other than REALTOR®/client? _____

Yes

No

If yes, please explain:

7. Were there any unusual circumstances or difficulties the nominee helped you resolve? Explain the problem, and describe the solution as well as the nominee's role in it.

8. Use this space to include anything else you'd like to add about the nominee. *(Attach additional sheets if necessary.)*

9. **Should this nominee be selected to receive this award, are you willing:**

a. To be quoted in a feature article that will appear in *California Real Estate* magazine, the official publication of the CALIFORNIA ASSOCIATION OF REALTORS®?

yes no maybe, need more information

b. To be part of a video honoring your REALTOR®?

yes no maybe, need more information

I certify that to the best of my knowledge, all of the information provided is true and accurate.

Signature _____ Date _____

For questions regarding the awards program: cohawards@car.org 213-739-8320 www.car.org/members/cohawards	Return form to: _____ _____ _____ <i>(Nominator Name/Address)</i> No later than
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