

ASSISTANCE APPLICATION

The Appraisal Institute Education and Relief Foundation is a charitable not-for-profit organization whose purposes include providing emergency financial assistance to Designated members, Candidates, Practicing Affiliates, Affiliates, employees (and their dependents) of the Appraisal Institute, a not for profit corporation, and to individuals who have made meaningful contributions to the real estate profession (collectively, the "Recipients"), who have experienced a disaster or emergency that has left the Recipient in a state of financial, physical, or emotional distress.

INSTRUCTIONS: Please complete this form in its entirety and send to the address below.						
Date of Application:						
Personal Information:						
Name: Last		First		Midd	dle	
Account Number						
Permanent Residence Ad	dress Street		City,	State, Zi	o Code	
Permanent Business Add	ress Street		City,	State, Zi _l	o Code	
Temporary Address (if o	lifferent from al	oove):				
Residence Address	Street		City,	State, Zi _l	o Code	
Business Address	Street		City,	State, Zi	o Code	



Contact Information:
Preferred Phone #: () Email Address: Please check if this is a(n)
□ Natural Disaster
□ Economic Hardship
Date of disaster / economic hardship:
Brief description of your situation and purpose of your request: (Include details of property damage, physical injury/illness, etc., as well as any additional information which you would like the Appraisal Institute Education and Relief Foundation to consider. Please attach any documents/photos that support your application.)



Please indicate how funds will be used (Relocating or a new job – travel costs, accommodations – Re-establishing your business, to cover medical or living needs)
Please indicate whether you are able to use other available resources. (Home owner's / rental insurance, medical insurance)



If you are not an Appraisal Institute professional or Appraisal Institute employee (or their dependent), please describe meaningful contributions made to the real estate profession. (See purposes section at top of application.)
processes (coop and coop or opprocess)
Certification by Applicant
I certify that I have suffered a disaster or emergency that has left me in a state of financial, physical or emotional distress.
I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested (unless otherwise indicated) is grounds for immediate refusal of assistance under this program.
I understand that the granting of such assistance is neither a right nor an entitlement and that the Appraisal Institute Education and Relief Foundation shall have sole discretion in determining whether I qualify for assistance.
Signature Date
Please forward your completed and signed application, along with any other supporting

Please forward your **completed and signed application**, **along with any other supporting documentation** you would like to be considered in the evaluation of this application to the Appraisal Institute Education and Relief Foundation:

Appraisal Institute Education and Relief Foundation c/o Appraisal Institute
200 W. Madison
Suite 2000
Chicago, IL 60606

Telephone Phone Number: (312) 335-4133 Email address: aierf@appraisalinstitute.org