

**APPRAISAL INSTITUTE RELIEF FOUNDATION
ASSISTANCE APPLICATION**

The purpose of the Appraisal Institute Relief Foundation is *“To provide emergency financial assistance (i) to members, employees (and dependents of members and employees) of the Appraisal Institute, a nonprofit organization, and (ii) to individuals who have made meaningful contributions to the real estate profession, 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 Middle

Member Number Appraisal Institute Chapter

Permanent Residence Address Street City, State, Zip Code

Permanent Business Address Street City, State, Zip Code

Temporary Address (if different from above):

Residence Address Street City, State, Zip Code

Business Address Street City, State, Zip Code

Contact Information:

Residence Phone #: (____) _____ Business Phone #: (____) _____

Cell Phone # (____) _____ Facsimile Phone # (____) _____

Email Address: _____ Alternate Email Address: _____

Please check if this is a(n)

- Natural Disaster
- Economic Hardship

Date of disaster / economic hardship: _____

Please check one of the following:

You may release my name and contact information (phone number, e-mail address) to any Appraisal Institute chapter that wants to offer assistance.

Do not release my name and contact information to any chapter except my own.

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 Relief Foundation shall have sole discretion in determining whether I qualify for assistance.

Signature

Date

Verification by a Chapter Officer, Director or Executive Director (Please have Chapter complete prior to submitting application.)

Signature

Date

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 Relief Foundation:

Appraisal Institute Relief Foundation
c/o Appraisal Institute
550 West Van Buren Street
Chicago, Illinois 60607

Telephone Phone Number: (312) 335-4154
Facsimile Phone Number: (312) 335-4155
Email address: relieffoundation@appraisalinstitute.org