aLogo, company name

Description automatically generated

National Association of Appraisers

www.naappraisers.org ♦ (210) 570-4950

*The Association for All Professional Appraisers*

**Application for National Association of Appraiser Relief Fund Funds**

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

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

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

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact (Check One): Email ( ) Phone ( )

License Type (Check One): Trainee\* ( ) License ( ) Certified Residential ( ) Certified General ( )

Appraisal License State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the following information so we may know more about your request for relief funds.

1. Please check the one which best indicates the reason for the funds being requested:

Medical: ( )

Non-medical: ( )

1. Is this a request for:

Appraiser request ( )

Other request ( )

1. Please describe the reason for this request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide evidence of event/financial burden/medical with this application. Incomplete applications will not be processed.
2. How urgent is the request? Check one:

Need immediately (less than 1 week): ( )

ASAP (1-4 weeks): ( )

Requesting for future expenses (4-8 weeks or longer): ( )

1. Are you in need of any of the following? (List all that apply and provide a breakdown of funds requested, i.e., $300 License Renewal, $500 Continuing Education, $300 utilities, etc.)

$\_\_\_\_\_\_\_\_\_\_\_ Continuing Education

$\_\_\_\_\_\_\_\_\_\_\_ License renewal

$\_\_\_\_\_\_\_\_\_\_\_ Coalition Dues

$\_\_\_\_\_\_\_\_\_\_\_ Software

$\_\_\_\_\_\_\_\_\_\_\_ NAA dues

$\_\_\_\_\_\_\_\_\_\_\_ Utilities

$\_\_\_\_\_\_\_\_\_\_\_ Office equipment

$\_\_\_\_\_\_\_\_\_\_\_ Other

1. Total Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_
2. Will this be a one-time or recurring need? Check one / If recurring, please tell us how often.

One-time ( )

Recurring ( ) How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How can the funds be dispersed? Check One: More details may be needed based on response.

Direct payment to pay bill: ( )

Direct payment to requestor: ( ) Make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If payment is made to an individual, we will need a completed W9 prior to issuing a check***

Gift Card: ( )

Signature Date

Please email this completed form to [info@naappraisers.org](mailto:info@naappraisers.org).

Or mail to:

NAA Appraiser Relief Fund

7113 San Pedro Avenue, Suite 508

San Antonio, TX 78216

\*If you select Trainee, please provide your trainee license number, a letter from your supervisor appraiser indicating their license number and that you are training with them, or your most recent qualifying appraiser education course completion certificate.

For internal use only:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Received | Sent to Committee | Action Taken | Amount/Check # | Comments |
|  |  |  |  |  |