



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*: _____ License #: _____

(Please provide a copy of your license with this application.)

Your application, along with the supporting documents, is reviewed by a committee. The committee meets once a month to review applications that have been received. Please note that based on this review by the committee, you may not receive the total amount requested. Fund approval is at the committee's discretion based on the purposes of the NAA Appraiser Relief funds.

Please read through the entire application before submitting it. Only complete applications will be processed, and additional information may be requested.

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

1) Please check the one that best indicates the reason for the funds being requested:

Medical: ()

Disaster Relief: ()

2) Is this a request for:

Appraiser request ()

Other request ()

3) Please describe the reason for this request:

4) Please provide evidence of event/financial burden/medical with this application. If providing any medical documentation, please redact any medical diagnosis information or information that would be considered under HIPAA regulations.

5) How urgent is the request? Check one:

Need immediately (2 weeks): ()

ASAP (2-4 weeks): ()

6) 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)

\$_____ License renewal

Expiration date of license: _____

Has payment already been made? Yes () No ()

\$_____ Coalition Dues

Expiration date of dues: _____

Name of Coalition: _____

Has payment already been made? Yes () No ()

\$_____ Software

Expiration date of software: _____

Name of Provider: _____

Has payment already been made? Yes () No ()

\$_____ E&O Coverage

Expiration date: _____

Name of Provider: _____

Has payment already been made? Yes () No ()

\$_____ NAA dues

\$_____ Utilities

\$_____ Office equipment – Name of equipment needed: _____

\$_____ Other

7) Total Amount Requested: \$_____

Payments, if approved, will be a one-time-only payment. Any additional needs will require a new application.

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

9) Have you previously sought funding for this request? Yes: () No: ()

10)

Signature

Date

The NAA Appraiser Relief Fund is a fund that helps with temporary needs associated with a current medical issue or disaster relief. Payment requests for salary relief, debt relief, or industry work slowdown issues will not be fulfilled.

All documents submitted for this application will be maintained by the fund for audit purposes but will be returned to the fund or destroyed by committee members.

Your submission of this application is your agreement to the terms of this application.

Please email this completed form to 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(s).

For internal use only:

Received	Sent to Committee	Action Taken	Amount/Check #	Comments