

Request for Emergency Relief

Name Date

Phone(s) Home Cell Other Birth Date

Address

City State Zip Code

Email Marital Status

Base (if applicable) Aircraft (if applicable) Number of Dependents Dependents' Birth date(s)

Are you requesting a **Grant** or **Loan** (Check one) Amount Requested

If facing a disability issue, please contact APA Benefits: 817-302-2140 or benefits.sec@alliedpilots.org. They can help coordinate with AAL's current third party disability administrator and check eligibility for APA benefits programs such as PMA (Pilot Mutual Aid) or POD (Pilot Occupational Disability).

LIST OF ASSETS AND LIABILITIES

This form is intended to help you come up with a list of all of your assets and debts. You are not expected to know all the information that is called for on this form, but it will help you think of the property and liabilities that are owned by you and your spouse.

All property and debts acquired during a marriage are presumed to be community property. This means they are owned equally by both spouses. There are some exceptions to this presumption for property that was owned prior to marriage, property received as a gift or inheritance, and personal injury awards.

INCOME

Have you exercised and sold your AAL stock options? Yes No N/A If yes, please explain:

Have you considered a home equity loan? Yes No

Have you sought debt or credit counseling? Yes No

Have you borrowed from your 401(k) account? Yes No

Do you expect to be able to repay this loan from APA? Yes No

If disabled or sick, when do you expect to be able to be flying again?

Primary Source of Income

Job Title/Unemployment Benefit Company or State

Employment/Expected Benefit Dates Monthly Gross Income (attach copies of 2 most current pay stubs)

Spousal/Secondary Source of Income

Job Title/Unemployment Benefit Company or State

Employment/Expected Benefit Dates Monthly Gross Income (attach copies of 2 most current pay stubs)

Any Other Source of Income (Job, Alimony, Personal Injury, etc.)

Job Title/Unemployment Benefit Company or State

Employment/Expected Benefit Dates Monthly Gross Income (attach copies of 2 most current pay stubs)

Please attach additional files/pages for additional sources of income

FAMILY-OWNED AND/OR CLOSELY-HELD BUSINESS

Name of Business Business Type (C Corp, Sub-S, Partnership, etc.)

Nature of Business Business Start-up Date

Business Address

Estimated Value Percentage Ownership Business Debt

Please attach additional files/pages for additional sources of income

RETIREMENT BENEFITS

1. Plan/Company Benefit Type Current Value

Participant Name Employment Start Date End Date

2. Plan/Company Benefit Type Current Value

Participant Name Employment Start Date End Date

3. Institution Holding IRA Current Value

Owner Name

4. Institution Holding IRA Current Value

Owner Name

5. Institution Holding IRA Current Value

Owner Name

6. Military Branch Date Entered Service Date of Retirement Monthly Payment Amt.

Please attach additional files/pages for all other retirement benefits.

COMMUNITY PROPERTY

Real Property

1. Address

Legal Description Purchase Date Purchase Date

Down Payment Source Est. Yearly Taxes Fair Market Value

Mortgage #1 Lender Due Monthly Balance

Mortgage #2 Lender Due Monthly Balance

2. Address

Legal Description Purchase Date Purchase Date

Down Payment Source Est. Yearly Taxes Fair Market Value

Mortgage #1 Lender Due Monthly Balance

Mortgage #2 Lender Due Monthly Balance

Please attach additional files/pages for all other pieces of real property.

Motor and Recreation Vehicles

1. Year/Model Vehicle I.D. #

Name on Title Fair Market Value

Lender Due Monthly Balance

2. Year/Model Vehicle I.D. #

Name on Title Fair Market Value

Lender Due Monthly Balance

3. Year/Model Vehicle I.D. #

Name on Title Fair Market Value

Lender Due Monthly Balance

4. Year/Model Vehicle I.D. #

Name on Title Fair Market Value

Lender Due Monthly Balance

Please attach additional files/pages for all additional cars, boats, airplanes, recreational vehicles, etc.

Cash & Accounts with Financial Institutions

1. Financial Institution Account #

Name(s) on Account Account Type Current Balance

2. Financial Institution Account #

Name(s) on Account Account Type Current Balance

3. Financial Institution Account #

Name(s) on Account Account Type Current Balance

4. Financial Institution	<input type="text"/>	Account #	<input type="text"/>
Name(s) on Account	<input type="text"/>	Account Type	<input type="text"/>
Current Balance	<input type="text"/>		
5. Financial Institution	<input type="text"/>	Account #	<input type="text"/>
Name(s) on Account	<input type="text"/>	Account Type	<input type="text"/>
Current Balance	<input type="text"/>		

Please attach additional files/pages for all additional stocks, stock options, brokerage accounts, mutual funds, etc.

Life Insurance

1. Insurance Company	<input type="text"/>	Name of Insured	<input type="text"/>
Policy #	<input type="text"/>	Policy Type	<input type="text"/>
Name of Owner	<input type="text"/>		
Beneficiary	<input type="text"/>	Death Benefit	<input type="text"/>
Cash Surrender Value	<input type="text"/>		
2. Insurance Company	<input type="text"/>	Name of Insured	<input type="text"/>
Policy #	<input type="text"/>	Policy Type	<input type="text"/>
Name of Owner	<input type="text"/>		
Beneficiary	<input type="text"/>	Death Benefit	<input type="text"/>
Cash Surrender Value	<input type="text"/>		

Please attach additional files/pages for all additional life insurance policies.

Intellectual Property

Patent/Trademark Holder	<input type="text"/>	Date Issued	<input type="text"/>	Est. Annual Income	<input type="text"/>
Registration #	<input type="text"/>	Type of Product	<input type="text"/>		
Copyright Holder's Name	<input type="text"/>	Date Issued	<input type="text"/>	Est. Annual Income	<input type="text"/>
Type of Material	<input type="text"/>				

Please attach additional files/pages for each other patent, trademark, or copyright, including work-in-progress.

Household Furniture, Furnishings, & Fixtures

Used furniture, appliances, and household items generally do not have much market value. However, appreciating assets such as fine art, imported rugs, antiques, and some instruments might be of greater value and need to be appraised.

1. Item Description	<input type="text"/>	Market Value	<input type="text"/>
Purchase Date	<input type="text"/>	Purchase Price	<input type="text"/>
2. Item Description	<input type="text"/>	Market Value	<input type="text"/>
Purchase Date	<input type="text"/>	Purchase Price	<input type="text"/>
3. Item Description	<input type="text"/>	Market Value	<input type="text"/>
Purchase Date	<input type="text"/>	Purchase Price	<input type="text"/>

Please attach additional files/pages for all other items of appreciating value.

Unsecured Debts/Liabilities

1. Name of Creditor	<input type="text"/>	Total Balance	<input type="text"/>
Account #	<input type="text"/>	Minimum Monthly Payment	<input type="text"/>
2. Name of Creditor	<input type="text"/>	Total Balance	<input type="text"/>
Account #	<input type="text"/>	Minimum Monthly Payment	<input type="text"/>
3. Name of Creditor	<input type="text"/>	Total Balance	<input type="text"/>
Account #	<input type="text"/>	Minimum Monthly Payment	<input type="text"/>
4. Name of Creditor	<input type="text"/>	Total Balance	<input type="text"/>
Account #	<input type="text"/>	Minimum Monthly Payment	<input type="text"/>
5. Name of Creditor	<input type="text"/>	Total Balance	<input type="text"/>
Account #	<input type="text"/>	Minimum Monthly Payment	<input type="text"/>
6. Name of Creditor	<input type="text"/>	Total Balance	<input type="text"/>
Account #	<input type="text"/>	Minimum Monthly Payment	<input type="text"/>

SPECIAL CONSIDERATIONS/EXTENUATING CIRCUMSTANCES

Please tell us why you are in need of assistance from APA. Please be as specific as possible. Tell us how we can help you become self-supportive again. In other words, if you need financial assistance to hire an attorney to lower your child support payments or alimony payments to reflect your reduced income, please state who the attorney is and how much it will cost. If you need assistance for recurring medical expenses, long-term care, or rehabilitative therapies, please tell us how much of this is covered by insurance and how much is out of pocket. Who, what, and where it will take place, and for how long you expect to need continued assistance. Please indicate if you will require recurring payments or if you are looking for a one-time payment.

Start typing or copying text in the box below. Although the cursor will initially start in the center of the box, it will expand so you can fill the entire visible area. For more space, you can continue on the next page.

Continue on the next page

SPECIAL CONSIDERATIONS/EXTENUATING CIRCUMSTANCES (cont.)

Continue typing or copying text in the box below. Again, although the cursor will initially start in the center of the box, it will expand so you can fill the entire visible area. For more space, attach additional files/pages.

Please attach additional files/pages if you need more space.

Under certain circumstances the Committee may request a credit check be obtained by the applicant. The cost of this will be paid by the applicant initially, to be fully reimbursed by the Committee regardless of the outcome of determination of granting the request. In obtaining this credit report, the applicant realizes this information will be reviewed by the Committee, and held in complete confidence. By complying with this request, and forwarding the report to the Committee, the applicant gives their full consent for this review.

I state on oath that, to the best of my knowledge and belief, the foregoing Inventory and Appraisal contains:

- (1) A full and complete list of all properties I claim to belong to the community and separate estates of myself and my spouse, with the values thereof.
- (2) A full and complete list of the debts that I claim to be community or separate indebtedness.

I make this affidavit with the following reservations and qualifications:

- (1) Any omission from this inventory is not intentional, but is done through mere inadvertence and not for the purpose of misleading the ER&S Committee.
- (2) There may be other assets and liabilities of which I am unaware, and their omission from this inventory should not be construed as a waiver of my interest in those items.

SIGNATURE

TO EMAIL THIS FORM: First, go to the File menu, select Save As, and save as EAFormYour_name (insert your own name for Your_name. Notice the location of the saved file). Go to your email program, attach the saved file, and send to:

Membership-Chair@alliedpilots.org

NOTE - By electronically submitting this form, you are attesting to the accuracy of the provided information and it will serve as a "signed" copy. (You need not include or attach an electronic signature.)

You can also print this form, sign it, and mail it to: ER&S, 14600 Trinity Blvd., Suite 500, Fort Worth, Texas 76155.

Print Form

Below are suggested contacts if you are facing one of the following issues:

DISABILITY ISSUES (either Company Disability or APA Disability plans) – APA Benefits 800-323-1470 ext. 42140

MEDICAL ISSUES (either Company Medical Plan or APA Medical Plans) – 800-323-1470 ext. 42140

CONTRACT ISSUES (e.g.; grievance) – Legal Department 800-323-1470 ext. 42170

QUESTIONS about your Emergency Relief Request – APA Secretary-Treasurer 800-323-1470 ext. 42115