



Application for Financial Assistance

The Aimbridge Aid Foundation has been established for the purpose of providing financial resources for associates who are experiencing or have been the victim of natural disasters or catastrophic events.

PLEASE REVIEW THE GUIDELINES PRIOR TO COMPLETING THIS APPLICATION. Applications will not be considered unless all requested information with supporting documentation is received.

City State Zip Cell Phone Other Phone Do you OWN or RENT your hour if "Renting," do you have renter's insurance? YES NO SECTION II: Hotel/Work Location Information Hotel Name Date of Hire Hotel Address State Zip General Manager Name SECTION III: Statement of Need (DO NOT LEAVE BLANK) Describe your personal situation and the assistance needed most at this time, including amount of	City State Zip Cell Phone Other Phone Do you	City State Zip Cell Phone Other Phone Email Address Do you □ OWN or □ RENT your hor If "Renting," do you have renter's insurance? □ YES □ NO SECTION II: Hotel/Work Location Information Hotel Name Date of Hire Hotel Address State Zip General Manager Name SECTION III: Statement of Need (DO NOT LEAVE BLANK) Describe your personal situation and the assistance needed most at this time, including amount of monetary request. Your manager can assist you with this, and can submit the application on your be	Name		_ Date			
Cell Phone Other Phone Do you	Cell Phone Other Phone Do you	Cell Phone Other Phone Do you	Current Street Address					
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			monetary request. Your manager can assist yo	ou with this, and ca	ın submit the	e application on your be		

Is your need related to loss/damage of personal property?	☐ YES)
Are your losses/damage covered by insurance?	☐ YES	□ NO)
Name of Insurance Company:			
(Documentation of loss/claim	is required)		
Have you requested assistance from Aimbridge Aid previously?	• Ц Ү	ES.	□ NO
If yes, when did you submit your application?			
			-
Was your request approved? □ YES □ NO			
If yes, how much did you receive? \$			
Are you currently working any shifts at your hotel?	□ Y	ES	□ NO
Are you currently, or have you previously received financial ass YES NO	istance, outsid	e of Aiml	oridge Aid?
If yes, please specify the type of aid received:			
If yes, how much did you receive? \$			
By checking this box and submitting this form, I am affirming that accurate to the best of my knowledge.	ıat he above in	formatio	n is true and
Aimbridge Hospitality has the right to request additional inform	nation to subs	tantiate (and facilitate the
application process. GM/Manager/Corporate Leader may submi	t application c	on associ	ate's behalf.

Completed applications may be scanned and/or emailed to:

AimbridgeAid@aimhosp.com