

CONFIDENTIAL LETTER OF RECOMMENDATION

ARM® Application • Institute of Real Estate Management

Applicant's Name		Daytime Telephone Number ()	
Address			
To the individual completing this form: Please read the information on the reverse side first.			
Name of Person Completing This Form		Daytime Telephone Number ()	
Firm/Organization		Position/Job Title	
Address			
City/State/Zip			
I am: (check all that apply)			
<input type="checkbox"/> A CPM®		<input type="checkbox"/> A current or former client of the applicant	
<input type="checkbox"/> An ARM®		<input type="checkbox"/> A current or former employer of the applicant	
<input type="checkbox"/> An ACoM			
How long have you known the applicant?			
Under what circumstances have you known the applicant?			
How would you describe the applicant's moral character and integrity, sincerity of commitment to real estate management as a profession?			
If you are a current or former employer, how do you rate the applicant's ability as a real estate manager?			
Additional Comments:			
I <input type="checkbox"/> can <input type="checkbox"/> cannot recommend this applicant for the ARM® certification.			
Signature		Date	

Tear along perforation, moisten, and seal flap down

**To the individual completing this
Confidential Letter of Recommendation:**

Thank you for agreeing to provide a reference for the person whose name appears on the front of this letter. This individual has applied to become an ACCREDITED RESIDENTIAL MANAGER® (ARM®) Member of the Institute of Real Estate Management.

Please answer the questions in as specific and candid a manner as possible. When the form is complete:

- Place the recommendation in the envelope addressed to the applicant.
- Sign your name across the seal.
- Return the sealed envelope to the applicant. Your signature across the seal of the envelope ensures that the letter will be kept confidential.

You can be assured that the applicant will not have access to this letter unless your permission is granted or unless the Institute is compelled to provide the letter by subpoena or court order. Completing this recommendation is a qualified privilege which attaches and absolves you and the Institute of liability, provided your communication is made in good faith and is limited to the issue at hand.

Recommender's Signature



IREM Headquarters • 430 North Michigan Avenue • Chicago, IL 60611-4090

Name of Applicant

Address

ARM® Letter of Recommendation
Personal and Confidential
To be opened by IREM® Headquarters only

This envelope contains a Confidential Letter of Recommendation. The letter must be sealed, signed, and returned to the applicant who will submit it, unopened, with the ARM® application.

