



EMERGENCY RELIEF APPLICATION

DEALER/EMPLOYER INFORMATION

Dealership name _____ NADA member# _____
Address _____
Owner/authorized representative name* _____
Phone _____ Email _____

DEALERSHIP EMPLOYEE INFORMATION

Check one: Flood Hurricane Tornado Fire Other: _____ **Area declared** federal disaster area or state disaster area

Name (print legibly) _____
Home address _____
Phone _____ Mobile _____ Email _____
Position at dealership _____ Number of years employed at dealership _____

REQUIRED INFORMATION

Total not covered should be limited to damages incurred at applicant's primary residence. Lost wages/commissions or damages to vehicles **are not** eligible for reimbursement.

Estimated damages to **residence**\$ _____
Government assistance\$ _____
Other assistance\$ _____
Insurance coverage\$ _____
Total not covered\$ _____

Description of damages _____

Employee signature *Owner/authorized representative signature Date
Applications without signature will not be processed

OFFICE USE ONLY: Emergency Relief Fund: 050-942-718650
Grant _____ NADA Foundation approval _____ Analyst approval _____