Emergency Relief Fund Application

Assistance is available from the NADA Foundation's Emergency Relief Fund for dealership employees who have been impacted by natural disasters.

DEALER/EMPLOYER INFORMATION

Dealership Name

NADA Member Number

Street Address

City | State | Zip

Office Phone | Mobile Phone

Email | Website

Dealer/Authorized Representative Name

DEALERSHIP EMPLOYEE INFORMATION

Check one: ❑ Flood ❑ Hurricane ❑ Tornado ❑ Fire ❑ Other:

❑ Area declared federal or state disaster area

Employee Name

Street Address

City | State | Zip

Email | Position at Dealership

Mobile Phone | Number of Years Employed at Dealership

ADDITIONAL 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.

Maximum reimbursement: $1,500

Estimated damages to **RESIDENCE**	$
Government assistance	$
Other assistance	$
Insurance coverage	$
Total not covered	$

Description of damages:

Employee Signature | Employee Name (printed) | Date

Dealer/Authorized Representative Signature* | Dealer/Authorized Representative Name (printed) | Date

Submit COMPLETE APPLICATION to the NADA Foundation by email to foundation@nada.org, or by mail to 8484 Westpark Drive, Suite 500, Tysons, VA 22102. The NADA Foundation will mail checks to the dealer/authorized representative to present to the employee on behalf of the Foundation. No checks will be mailed to the employee's home address.

For more information call 800.557.6232.

***Applications without a signature cannot be processed.**

OFFICE USE ONLY: Emergency Relief Fund 050-942-718650 | Grant:

NADA Foundation approval: | Analyst approval:

To avoid any delay in processing applications, please read the following instructions on completing the Emergency Relief Application.

1. **PRINT LEGIBLY.** All line items must be completed in their entirety.
2. **DEALER/EMPLOYER INFORMATION.**
   a. Provide full name of dealership and street address, including city, state and Zip code.
   b. Provide full name of dealer or authorized dealership representative and their phone number and email address. Employment verification will be requested.
3. **DEALERSHIP EMPLOYEE INFORMATION.**
   a. Provide full name of employee. If application is approved, check will be made payable to the employee.
   b. Complete home address, including city, state and Zip code, where damages were sustained.
4. **TOTAL NOT COVERED.** Subtract government assistance, other assistance and insurance coverage from the "estimated damages to residence." If at the time of filing the application, no assistance has been received by the employee, enter -0- in those line items and use the number listed under "estimated damages to residence" in "total not covered." **DO NOT** include lost wages/ commissions or damages to vehicles. These items are not eligible for assistance.
5. **DESCRIPTION OF DAMAGES.** Provide a brief description of the damages sustained to residence. Do not list personal items lost.
6. **SIGNATURES.** Applications without dealer/authorized representative signature cannot be processed.