



National Automobile Dealers Charitable Foundation Emergency Relief Fund Assistance Application

(P L E A S E P R I N T C L E A R L Y)

Request for assistance for damages from (check one):

Flood Hurricane Tornado Fire Other _____

Was the area declared a: Federal Disaster Area State Disaster Area

Dealership Name: _____

Dealership Address: No. & Street _____

City: _____ State _____ Zip Code: _____

Dealership Owner _____

Telephone Number: _____ Email address: _____

Applicant's (Employee) Name: _____

Applicant's Address: No. & Street _____

City: _____ State _____ Zip Code: _____

Telephone Number: _____ Email address: _____

Position at Dealership: _____ Number of Years Employed at Dealership: _____

The following information is required:

Estimated Damages \$ _____

Government Assistance _____

Other Assistance _____

Insurance Coverage _____

Total Not Covered * \$ _____

** Total Not Covered should be limited to damages incurred at **applicant's own residence.***

Description of Damages: _____

Applicant's Signature: _____ Dealer's Signature: _____

Print Name: _____ Print Name: _____

Please Send Application to: National Automobile Dealers Charitable Foundation
8400 Westpark Drive, McLean, VA 22102
Fax: 703-245-5247 - Tel: 703-821-7102

(Revised 1/12)