



Employee Emergency Fund Hardship Assistance Application

**Available for Current FADA Dealer Members Only*

Request for assistance for employee’s emergency needs from Hurricane Ian:

Dealership Name: _____

Dealership Address: _____

Dealership Phone Number: _____

Dealership Owner/Operating Manager Name & Title: _____

Dealer Cell Number: _____ Email: _____

I, _____ (PRINT NAME: dealer owner/operating manager) certify the following employee has suffered hardship losses and is a **current** dealership employee who has returned to work.

***Funds up to \$500 per employee are available. The fund is intended to help employees with temporary living expenses, such as, emergency housing, food, clothing and transportation needs.*

These funds are NOT available to cover loss wages or repairs to property. **

Employee’s Name: _____

Employee’s Home Address: _____

Employee’s Telephone Number: _____

Employee’s Current Position at Dealership: _____

Employee’s Number of Years Employed at Dealership: _____

Description of Hardship Losses: _____

Employee Signature: _____

Dealer/Operating Manager Signature: _____

Send Request Form via Fax 850.224.1021 or Email members@flada.org

Checks will be sent via Fed-Ex to the dealer owner at above dealership address.

Dealerships receiving assistance are encouraged to donate to FADCF via the enclosed form.

<i>*For FADA Use Only:</i>			
Verified FADA Members Status _____	Amount Approved \$ _____	By: _____	Date: _____
FED-EX Tracking # _____			