



FLORIDA AUTOMOBILE DEALERS  
CHARITABLE FOUNDATION

# Employee Emergency Fund Hardship Assistance Application

Natural Disaster: \_\_\_\_\_

Dealership Name: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

Dealership Phone Number: \_\_\_\_\_

Dealership Principal/Management Name & Title: \_\_\_\_\_

Dealer Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Funds up to \$500 per employee are available. The fund is intended to help FADA Dealer Member employees with temporary living expenses, such as emergency housing, food, clothing and transportation needs. These funds are NOT 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: \_\_\_\_\_

I, \_\_\_\_\_ (Dealer Principal/Management) certify the following employee has suffered hardship losses, is a current dealership employee, and has returned to work. Signature: \_\_\_\_\_

Send application by fax (850.224.1021) or email (members@flada.org). Checks will be sent Fed-Ex to the Principal listed above. Dealerships receiving assistance are encouraged to donate to FADCF via the enclosed form.

*\*For FADA Use Only:*  
Verified FADA Members Status \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_  
FED-EX Tracking # \_\_\_\_\_