



Immediate Need Short Form Application For Natural Disaster Victims Only

Please note: To be considered, applicants must have been employed for three (3) continuous years in the automotive aftermarket industry or one (1) year with one single employer and have no other means of support.

Since 1959, assistance has been provided to qualified individuals and their families in the Automotive Aftermarket who experience financial hardship due to death, catastrophic illness, accident, or natural disaster.

Completion of Application Form: This Application cannot be processed until it is complete.
PRINT CLEARLY IN BLACK INK - BOLD TYPE All information is confidential.

To: Board of Directors - The Automotive Aftermarket Charitable Foundation Date:

Name: _____ Marital Status: _____
 (Last) (First) (Middle)

Address: _____
(Where mail will reach you) (Number) (Street) (City) (State & Zip)

Phone No.: _____
 (Home) (Mobile) (Work)

Email Address: _____

Date of Birth: _____ Social Security No.: _____

EMPLOYMENT HISTORY

Are you presently employed? Yes No

Company	Dates of Employment	Positions Held	Supervisor Name & Phone Number

SUMMARY (Please tell us about your situation and why you are requesting assistance)

CERTIFICATION & AUTHORIZATION

I hereby certify that all information herein is true and accurate, and that I have no other means to cover the specific expenses for which I am requesting assistance in the application.

Signature of Applicant _____ Date _____

Signature of Spouse/Co-applicant _____ Date _____

HOW DID YOU HEAR ABOUT AACF?

HR/Manager Poster Social Media Website Magazine Ad Co-Worker
Employer Communication (work email, newsletter, memo, ect.) Other _____



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