



# 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)

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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 \_\_\_\_\_



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