



INTERNAL USE ONLY

TABLE / DENY / APPROVE

1st _____ 1st _____

2nd _____ 2nd _____

\$ _____

What is the AutoZoner Assistance Fund (AAF)?

The AAF provides immediate, short-term financial assistance to AutoZoners, their spouses and/or their legal dependents who are victims of natural disasters and personal tragedies.

What does the AAF cover?

AAF provides short-term, emergency funds for shelter, funeral, house fire and utilities(extreme weather/medical devices).

How is the AAF funded?

AAF is supported solely by AutoZoners for AutoZoners.

How do I submit an application?

- 1.Complete the application in its entirety.
- 2.Submit the application to your human resources manager to verify it meets the basic guidelines of the AAF.
- 3.Submit the application by:
 - Fax: 901.495.8300, or
 - Mail: AutoZoner Assistance Fund Administrator
P.O. Box 2198 - Dept. 8112 Memphis, TN 38101

NOTE: If located in the SSC, submit via interoffice mail to
Dept. #8112, c/o AutoZoner Assistance Fund.

******NOTE: Incomplete Applications will NOT be considered and will be returned******

AutoZoner _____
First Name Middle Initial Last Name

Employee ID # _____

Store/Dept # _____ **Position** _____

☐ **Full-Time** ☐ **Part-Time** ☐ **Leave of Absence**

Permanent Address _____

Apartment # _____

City _____ **State** _____ **ZIP** _____

Do you own or rent? ☐ **Own** ☐ **Rent**

Telephone# **Daytime** (_____) _____ **Evening** (_____) _____

Mailing Address (if different) _____

City _____ **State** _____ **ZIP** _____

Email _____

PLEASE COMPLETE THIS SECTION ONLY IF THE PERSON REQUESTING ASSISTANCE IS NOT THE AUTOZONER

Name of person requesting assistance _____
First Name Middle Initial Last Name

Relationship to AutoZoner _____

Permanent Address _____
Street Apt.# City State ZIP

Mailing Address (if different) _____
Street Apt.# City State ZIP

Telephone# **Daytime** (_____) _____ **Evening** (_____) _____ **Employer Name** _____

ELIGIBLE AUTOZONER: Full and part-time AutoZoners, spouse of AutoZoner and/or legal dependants. If common-law marriage, please attach legal court documents. **Please list all those who are eligible and attach a sheet for additional names.**

First Name **Last Name** **M.I.** **Age** **Relationship to AutoZoner**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOW CAN WE ASSIST YOU?

Amount Requested

\$

Please write out the amount you are requesting

When did the event or incident occur? _____
Month Day Year

<input type="checkbox"/> SHELTER <i>Check one that applies to you</i>			<input type="checkbox"/> FUNERAL	<input type="checkbox"/> UTILITIES	<input type="checkbox"/> FIRE	<input type="checkbox"/> NATURAL DISASTER	<input type="checkbox"/> OTHER
<input type="checkbox"/> Temporary Housing Provide evidence of immediate housing costs i.e..Hotel bill, lease agreement, etc.	<input type="checkbox"/> Eviction Copy of eviction notice is required	<input type="checkbox"/> Homeless HR Verification required	Provide evidence of fiscal responsibility and/or burial receipts	Provide shut off notice <i>Must meet requirements of the board to receive funds</i>	Provide fire report	Provide documentation to support need	Provide documentation to support need
Check all living needs that are not currently being provided due to this hardship: <input type="checkbox"/> Food <input type="checkbox"/> Clothing							

Describe in detail the reason for your request. Include a description of the event that has occurred that is causing your current hardship (e.g. flood, fire, tornado, death, etc.)

[illegible]

Note: Documentation required for the application to be complete.

ASSISTANCE REQUESTED AND/OR RECEIVED (e.g. non-profit organizations, grants, loans, 401k hardship withdrawal)

SOURCE OF INCOME OR FUNDS	AMOUNT	SOURCE OF INCOME	AMOUNT
The Salvation Army	\$	City/County/State/Federal Social Services	\$
American Red Cross	\$	Employer	\$
Other Forms of Income (please describe)	\$		\$

SIGNATURES

I hereby certify that the information provided herein is true and accurate. I am verifying that I have no personal funds, such as savings or checking account funds, available to me. I am also aware that any statements made herein which are willfully false are subject to penalty under applicable state and federal laws. Submission of this request does not entitle me to any claim against the AutoZoner Assistance Fund, but constitutes a request for assistance.

By signing this form, I also authorize AutoZone, Inc., and its subsidiaries and affiliates to release any and all information that is necessary to determine the needs of the employee applying to the AutoZoner Assistance Fund Administrators and/or its representatives. I understand that my records are protected under Federal and State confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time in writing, except to the extent that action has been taken in reliance on it. I also acknowledge that the information released was fully explained to me and this consent is given of my own free will. A photocopy of this authorization is valid as the original.

Name and Signature of AutoZoner

Print Name _____ **Sign Name** _____ **Date** / /

Name and Signature of person requesting assistance (if other than AutoZoner)

Print Name _____ **Sign Name** _____ **Date** / /

NOTE: APPLICATION WILL NOT BE CONSIDERED UNTIL COMPLETED IN ITS ENTIRETY

FOR INTERNAL USE ONLY <div style="text-align: center;"> <input type="checkbox"/> REVIEWED </div> <div style="text-align: center;"> DATE / / </div>	DECLINED: 1- _____ <div style="text-align: center;">DATE / /</div> DECLINED: 2- _____ <div style="text-align: center;">DATE / /</div>	<div style="display: flex; justify-content: space-between;"> APPROVED: 1- _____ <div style="text-align: right;">DATE / /</div> </div> <div style="display: flex; justify-content: space-between;"> APPROVED: 2- _____ <div style="text-align: right;">DATE / /</div> </div> <div style="text-align: right;"> AMOUNT: \$ _____ </div>
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