



Vehicle Application

Please **print** and send completed application to Community Action, Attn. LaRae Lyons, 2700 Leech Ave., Sioux City, IA 51106

Applicant Information

Last Name: _____ First: _____ M.I.: _____ Birthdate: _____ SS#: _____

Address: _____ Phone Number: _____

Email: _____

Please list your dependent children living with you: (Attach a separate sheet if necessary.)

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other adults living with you: (Please list their relationship also)

Work History

Employer: _____ Phone Number: _____ Hours Worked: _____

Address: _____ Can we contact you at work? Yes No

Job Title: _____ Start Date: _____

Transportation/Driving History

What are you currently doing for transportation? _____

How far is it from your home to your employment? _____ miles

Do you transport your children to school or day care? Yes No If so, how far? _____ miles

Do you have a current Iowa Driver's License? Yes No License # _____

If no, explain what you need to do to obtain one and any corresponding costs.

Have you had any traffic violations, misdemeanors or felony convictions within the last 5 years? Yes No

If yes, list below and indicate the month and year for each one.

Do you have any pending court appearances? Yes No

If yes, please explain: _____



Monthly Income/Assets

Bank Accounts:

Institution Name	Address	Checking acct #	Savings acct #	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Monthly Income:

Gross regular wages _____
 Bonus/overtime/tips + _____
 Child Support + _____
 Other + _____
 Other + _____
 Total Gross Income = _____ (1)

Amount withheld from wages:

Federal/State taxes _____
 Soc.Sec. /Medicare + _____
 Child Support + _____
 Med. Insurance + _____
 Savings/Pension + _____
 Total Expenses = _____ (2)

Total Income _____ (1) minus deductions _____ (2) equals net income _____ (3)

Monthly Expenses / Liabilities

Rent/Mortgage	\$ _____	Child Care	\$ _____	Car Insurance	\$ _____
Lot Rent	\$ _____	Groceries	\$ _____	Transportation	\$ _____
Home/Renters Ins	\$ _____	Laundry	\$ _____	Child Support	\$ _____
Heat	\$ _____	Medical	\$ _____	Church/Donation	\$ _____
Water/Sewer/Garbage	\$ _____	Clothing	\$ _____	Taxes	\$ _____
Telephone	\$ _____	Recreation	\$ _____	Other	\$ _____
Tuition/Books/Education	\$ _____	Toiletries/Diapers	\$ _____	Other	\$ _____
Life Insurance	\$ _____	Other	\$ _____	Other	\$ _____

Add monthly expenses to get total expenses \$ _____ (4)

Net Income (3) \$ _____ minus Total Expenses (4) \$ _____ equals \$ _____

List any other cash/savings: _____

Itemize any monthly debts not listed above such as credits cards, loans, etc.

Debt Owed To:	Amount Owed:	Monthly Payment:
_____	_____	_____
_____	_____	_____
_____	_____	_____



Are there any lawsuits, claims or judgments against you? Yes No

If yes, please explain:

Signatures

I certify that the information provided throughout this application is true and correct. I understand the furnishing of false information may result in the denial of the application. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine my eligibility. You are authorized to check my credit, employment and criminal background. I understand that there is no guarantee that I will be able to receive a car through the Angel Cars Program and that the selection is based on those with the most urgent need..

Signature

Date

Angel Cars does not discriminate in its policies and programs on the basis of race, color, national origin, age, gender, disability, creed or religion.

"Reason I need a Car"

(Tell us your story)
