## **Vehicle Application**

Please PRINT and drop off/send completed application to:



Community Action Agency of Siouxland Attn: Angel Cars 2700 Leech Ave. Sioux City, IA 51106



		Applicant	Information	<b>1</b>		
Last Name:		First:	M.I.:	Birthdate:		
		Email			=	
Please list your de	pendent children	n living with you: (At	tach a separate shee	et if necessary.)		
Name	Age	Name	Age	Name	Age	
Please list other ac	dults living with	you:				
Name	Age	Relationship	Name	Age	Relationship	
		Work	History			
		Phone Number: Hours Worked:				
Job Title:			_ Start Date:			
	T	ransportation	/Driving Hi	story		
What is your curre	ent means of tran	nsportation?				
How far is it from	your home to yo	our employment?	miles			
Do you transport	your children to	school or day care?	Yes No	If yes, how	far? miles	
Do you have a cur	rrent Iowa Drive	r's License? 🔲 Yes	☐ No I	License #:		
If no, plea	ase explain what	you need to do to obt	ain a license and ar	ny corresponding co	osts:	
•		s, misdemeanors or fe	*	•		
		pearances?  Yes [				

		Monthly Income/As	ssets			
Bank Accounts: Institution Name	Address	Checking Acct #	Savir	ngs Acct #	Balance	
Monthly Income:		Amoun	t Withheld	I from wages:		
Gross Regular Wages		E - 1 1/04 - 4 - T				
Bonus/ Overtime/Tips +		<del></del>				
Child Support +						
Other +			cal Insurance +			
Other +		Savings	/Pension			
Total Gross Income =		(1) Total D	eductions	=	(2)	
Total Income (1) min		inus Deductions (2)	equal	s Net Income (3	)	
	Mo	onthly Expenses/Lia	bilities			
Rent/Mortgage	\$	Medical	\$	Car Insurance	\$	
Lot Rent	\$	Life Insurance	\$	Transportation	\$	
Home/Renters Ins	\$	Tuition/Books/Education	\$	Telephone	\$	
Gas/Electric	\$	Child Support	\$	Groceries	\$	
Water/Sewer/Garbage	\$	Child Care	\$	Clothing	\$	
Taxes	\$	Toiletries/Diapers	\$	Laundry	\$	
Church/Donation	\$	Recreation	\$	Other	\$	
Other	\$	Other	\$	Other	\$	
Add Monthly Expenses to	get Total I	Expenses \$	(4)		L	
Net Income (3) minus Total Expenses (4) equals \$						
Itemize any monthly debt  Debt Owed To:  Are there any lawsuits, cl	s not listed	above such as credit cards, loa Amount Owed: gements against you?  Yes	ns, etc.  Month	ly Payment:		

## Signature

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.

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Signature	Date		
the basis of race, color, religion (creed), ge	and the Angel Cars Program does not and shall not discriminate on ender, gender expression, age, national origin (ancestry), disability, n, or military status, in any of its activities or operations.		
"Re	eason I need a Car"		
	(Tell us your story)		

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