

# Vehicle Application

Please PRINT and drop off/send completed application to:



Tires Tires Tires



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



## Applicant Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list other adults living with you:

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Work History

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Address: \_\_\_\_\_ Can we contact you at work?  Yes  No

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Transportation/Driving History

What is your current means of 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 yes, how far? \_\_\_\_\_ miles

Do you have a current Iowa Driver's License?  Yes  No License #: \_\_\_\_\_

If no, please explain what you need to do to obtain a license and any corresponding costs: \_\_\_\_\_

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

If yes, list them indicate the month and year in which they occurred: \_\_\_\_\_

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
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**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 + \_\_\_\_\_  
 Medical Insurance + \_\_\_\_\_  
 Savings/Pension + \_\_\_\_\_  
 Total Deductions = \_\_\_\_\_ (2)

Total Income (1) \_\_\_\_\_ minus Deductions (2) \_\_\_\_\_ equals Net Income (3) \_\_\_\_\_

## Monthly Expenses/Liabilities

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 Expenses \$ \_\_\_\_\_ (4)

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

List any other cash/savings: \_\_\_\_\_

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

Debt Owed To:	Amount Owed:	Monthly Payment:
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Are there any lawsuits, claims, or judgements against you?  Yes  No

If yes, please explain: \_\_\_\_\_




