Muskogee Bridges Out of Poverty

**Car Donation Program Application**

# Personal CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Graduate’s Name: |  | TOTAL HOUSEHOLD NET INCOME: \_\_\_\_\_\_\_Check all sources of current income: | What is your primary means of transportation? |
| GA Class (ex. Fall 2013) |  |
| Cell Phone Number: |  | [ ]  Employment [ ]  Self Employment | [ ]  Friends  |
| E-mail: |  | [ ]  Social Security [ ]  SSI | [ ]  Bicycle/Bus  |
| Birthdate: |  | [ ]  Child Support [ ]  Pension | [ ]  Walking  |
| Mailing AddressCity, State ZIP Code: |  | [ ]  Unemployment [ ]  Veteran’s Benefits[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Taxi[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_  |

# MORE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a valid Driver’s License? | [ ]  Yes [ ]  No | Do you rent or own your home? | [ ]  Rent [ ]  Own  |
| Do you have a vehicle registered in your name? | [ ]  Yes [ ]  No | Do you transport children to childcare? | [ ]  Yes [ ]  No |
| Do you have a checking or savings account? | [ ]  Yes [ ]  No | How many working adults in household? |  |
| Do you currently rely on others for rides? | [ ]  Yes [ ]  No | Does someone currently travel 20+ miles per day? | [ ]  Yes [ ]  No |
| Do you need a car to go to work or school? | [ ]  Yes [ ]  No | Is anyone working a 2nd or 3rd shift? | [ ]  Yes [ ]  No |
| Does anyone in your family have special needs (medical, etc.) Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you currently have or have the ability to obtain auto insurance? | [ ]  Yes [ ]  No  |

# LIST ALL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP TO YOU** | **AGE** | **DATE OF BIRTH** | **MONTHLY INCOME** | **DISABLED?** |
|  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  |  | [ ]  Yes [ ]  No |
| LIST ALL Moving Violations you’ve received and the disposition in the last 2 years

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**ESTIMATED MONTH LIVING EXPENSES** |
| Savings |  | Food |  | Loan Payments (car, etc) |  | Laundry/Clothing |  |
| Mortgage/Rent |  | Gas/oil |  | Garnishments |  | Pet Care |  |
| Electric/Gas |  | Insurance |  | Support Payments |  | Entertainment |  |
| Water/Sewer/Trash |  | Medicine |  | Toiletries  |  | Tobacco/Alcohol, Etc. |  |
| Phone |  | Childcare |  | Medical Bills |  | Other  |  |
| Cable/Internet |  | Credit Cards |  | Barber/Beauty Shop |  | **TOTAL MONTHLY EXPENSES:** |  |

# agreement

I certify that all the information I have provided is complete and correct to the best of my knowledge. I understand that if I am denied and do not agree with the reason stated, I may appeal the decision to the Bridges Car Donation Program for a special review.
By submitting this application, I authorize Muskogee Bridges Out of Poverty to make inquiries into the information that I have supplied.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Graduate Signature |  | Spouse Signature |  |

# EXPLAIN WHY you need a vehIcle

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |