



VEHICLE GIVEAWAY APPLICATION FORM

APPLICATION DEADLINE: September 18th, 2020

PROGRAM CRITERIA:

- MUST HAVE A VALID DRIVER'S LICENSE
- MUST BE ABLE TO OBTAIN AND MAINTAIN VEHICLE INSURANCE
- MUST BE ABLE TO COVER ANY UPFRONT EXPENSES – TITLING, REGISTRATION, SALES TAX ETC
 - HAVE A SAFE DRIVING RECORD
 - BE FINANCIALLY CHALLENGED – there is an income cap
 - DOES NOT CURRENTLY OWN A RELIABLE, WORKING VEHICLE

Please submit completed form to todd.gruchalla@va.gov

DATE SUBMITTED _____

SUBMITTED BY _____ RELATIONSHIP TO CANDIDATE _____

AGENCY/NONPROFIT _____ Title _____

PHONE Work Cell _____ EMAIL _____

CANDIDATE INFORMATION

NAME OF CANDIDATE _____

ADDRESS _____ ZIP _____ PHONE Home Work Cell _____ EMAIL _____

MARRIED _____ SINGLE _____ FAMILY SIZE (INCLUDE AGES IF KNOWN)

DOES CANDIDATE HAVE CLEAN DRIVING RECORD YES NO DRIVER'S LICENSE # _____

IS CANDIDATE EMPLOYED: YES NO TYPE OF WORK _____

APPROXIMATE MONTHLY TOTAL HOUSEHOLD INCOME: _____

DOES CANDIDATE OWN A VEHICLE: YES NO YEAR\MAKE\MODEL _____

DOES CANDIDATE OR FAMILY MEMBER HAVE ANY DISABILITIES : YES NO PLEASE EXPLAIN

MILITARY INFO (IF APPLICABLE)

BRANCH/UNIT _____ RANK _____ DATES SERVED _____

DEPLOYMENT YES NO LOCATION, DATES _____

TYPE OF DISCHARGE, IF NO LONGER ACTIVE _____

IF SELECTED, IS CANDIDATE WILLING TO SIGN A MEDIA CONSENT FORM TO SHARE STORY AND ALLOW USE OF NAME AND IMAGES. (NOT REQUIRED TO BE SELECTED) YES NO

IF SELECTED, IS CANDIDATE WILLING TO SUBMIT TO A BACKGROUND CHECK? YES NO

SIGNATURE OF APPLICANT _____ Date: _____

Please tell us why the CANDIDATE would benefit from receiving this vehicle gift. Explain any challenges or issues candidate currently experience as a result of not having reliable transportation. Please provide as much information as candidate is comfortable sharing. Use additional page if necessary.