



## Application for Vehicle Assistance

**Please print clearly:**

First Name	Middle Initial	Last Name	
Home Street Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Home or Message Phone	Cell Phone	Email	

### General Information

1. Do you have a valid Washington State driver's license?  Yes  No *If No, please explain why:* \_\_\_\_\_
2. Do you have, or are you able to obtain, automotive insurance?  Yes  No *If No, please explain why:* \_\_\_\_\_
3. Are you employed?  Yes  No *If Yes, please list employer's name and phone number:* \_\_\_\_\_
4. Employment start date: \_\_\_\_\_ *(leave blank if you're unemployed)*
5. If not employed, do you have another source of income?  Yes  No *If yes, list source(s):* \_\_\_\_\_
6. How many people live in your household? \_\_\_\_\_
7. What is your total monthly income? *(your best estimate)* \$ \_\_\_\_\_
8. What are your total monthly expenses? *(your best estimate)* \$ \_\_\_\_\_
9. Please list two references:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_
10. Please briefly explain your situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. How would receiving a vehicle from UGM Motors benefit your life?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_