

CAR CARE CLINIC REQUEST

The purpose of the Car Care Clinic is to provide basic automobile repair for transportation assistance to an individual/family that is in financial need. The Car Care Clinic may not be applicable to all repair needs and requests, especially for those who have good financial capability. The Car Care Clinic team has the right to adjust or disapprove the request.

SECTION I – APPLICANT

<u>Applicant's Full Name</u>		<u>Home Phone #</u>		<u>Cell Phone #</u>	<u>Work Phone #</u>
<u>Present Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Rent or Own?</u>	<u>Best Time to Call</u>
<u>Email Address</u>					

SECTION II –HOUSEHOLD MEMBERS

Last Name, First, Middle Initial	*Race	*Ethnicity	*Disabled?	Social Security Number	Date of Birth	Relationship to HOH	M/F

***Race:** Enter each household member's race by using one of the following coded definitions: 1 – White; 2 –Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 - Native Hawaiian/Other Pacific Islander

***Ethnicity:** Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino

***Disabled?:** Write "Yes" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

Do you expect any changes to the household in the next twelve months?

Please Explain:

Are you married, single, divorced, or separated?

Have you received assistance from any Car Care Clinic in the past 3 months?

Please explain:

Do you have a church home? _____

SECTION III – VEHICLE INFORMATION

Year of Car _____ Make/Model _____ Color _____ Mileage _____

Engine Size _____ Tag # _____ Expiration Date _____ Owner of Vehicle _____

Insurance Company Name _____ Expiration Date _____ Title Available : Y or N

Please describe the car repairs that are needed: _____

SECTION IV – INCOME

Check “Yes” or “No”. Answer for all household members:

Include all expected income for the next 12 months

YES

NO

Is any household member employed? If yes:						
HH NAME	Company Name	Address	Phone #	Wages		
Does any member receive unemployment benefits? If yes, give benefit amount?						
Is any member self-employed? If yes, give average monthly earnings:						
Is any member in the military? If yes, give branch and salary:						
Does any member receive Public Assistance, TANF, or General Relief? If yes, give benefit amount:						
Is any member receiving child support/Alimony? If yes, give amount receiving:						
Is any member receiving Social Security/Social Security Disability/V.A. benefits/pension/retirement benefits? If yes, give benefit amount:						
Is any member receiving payments from any other source of income? If yes, give source and amount receiving:						

SECTION IV – NOTICE

The stated car repair needs will be examined on your vehicle as a ministry of Car Care Clinic, a non-profit, 501C 3. We do not undertake to inspect any of your vehicle’s parts or system for wear or performance. We try to see that these services are performed correctly, however, if you experience any problem with your vehicle related to these services performed, please immediately contact us at www.carcareclinicinc.com. Car Care Clinic does not assume any responsibility if a part or system of your vehicle fails for a reason that is not due to the services we perform. **IN NO EVENT WILL WE BE RESPONSIBLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES.** Car must be brought to a designated repair facility. **Your tag must be up to date and the vehicle must be insured.**

SECTION V – SIGNATURES

I certify that all information provided is true and correct to the best of my knowledge. I understand the information provided is to determine my/our eligibility to have my/our car repaired – labor free at Car Care Clinic. I authorize the release of all information needed to determine my/our eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

Please read and initial by each statement:

- _____ I understand that Car Care Clinic will provide labor at No Cost – I must provide the parts.
- _____ I understand that the vehicle must be driven to the designated repair facility.
- _____ I understand that Car Care Clinic is for minor repairs ONLY – usually 2 hours or less.
- _____ I understand that my vehicle must be insured and the tag must up to date.
- _____ I understand I will be called for an appointment time and being on time is a requirement.
- _____ I understand that service from the Car Care Clinic is only available once every 3 months.

Read and agreed to by:

_____ Date _____
Signature of Applicant

_____ Date _____
Signature of Co-Applicant