

United Society

Vehicle donation eligibility application

I. Personal Information

Name:

Address:

City:

State: Zip Code:

D.O.B.

Phone:

Email:

II. Other Persons Living in Household

Number of People in Household

Name	Age	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

III. Monthly Income / Employment Information

Type of Income	Self	Spouse	Household Members	Total
<i>Gross Wages</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Unemployment</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Workers' Compensation</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Pension</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Social Security</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Work First / TANF</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Disability</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Other</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby certify that the aforementioned information is true to the best of my knowledge.

Print Name:

Date: