

Vehicle Description

Make:

Model:

Year:

VIN Number:

NOTE:

Please enclose copies of the following in this application:

- a. Auto Registration
- b. Auto Insurance
- c. Driver's License

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How many cars are in your household?
2. What is the primary purpose of this vehicle?
3. Have you received food pantry services in the last six months?
4. Have you asked for transportation assistance in the last year?
5. Is this your first time receiving help from Hospitality House?
6. Who referred you to Hospitality House?
7. How many people in household

Please sign, stating that you understand and are applying for transportation repair assistance. I am authorizing Hospitality House to release my personal information for the purposes of helping me to secure needed transportation repairs. I acknowledge that the information gathered may be used to acquire grants and other types of support.

Signature of Applicant

Date

Please do not write below this line for administrative purposes only

DETERMINATION AT INTAKE - THIS SECTION IS FOR HOSPITALITY HOUSE PERSONNEL ONLY

Income verified:

Registration verified and copied:

Insurance verified and copied:

Estimate verified from HHFP approved vendor and copied:

Application Approved:

Application Denied:

Signature of Intake Person

Date

Signature of Director or Authorizing HHFP Staff

Date

Total Repair:

Type of Repair:

Agency Portion:

Client Portion:

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