

TRANSPORTATION TO A BETTER LIFE

A Program administered by AAMCO
Serving Lewis, Jefferson and St. Lawrence County

Application to be chosen for a vehicle

Name of Applicant _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Do you have a valid NYS driver's license? __ Yes __ No

Household Members

(including applicant)

Household Members Name Relationship to Applicant Date of Birth

self

Do you or anyone in your household own a vehicle? __ Yes __ No

If Yes, please list the condition of your vehicle: _____

If Yes, do you have a current Auto Insurance policy: __ Yes __ No

Household Income: \$ _____ per month \$ _____ per year

Source of Income:

Additional Income: _____

Are you currently employed? __ Yes __ No

If Yes, how are you currently getting to work? _____

Current Employer: _____

Address: _____
Street City State Zip

Contact Person: _____ Phone Number: _____

If you are not currently employed, Are you willing and able to work? __ Yes __ No

Please Explain: _____

Do you deal with a Financial Institution? __ Yes __ No If Yes, Which one? _____

If you are nominating a family or individual other than your own

Name of Person Applying _____

Address _____
Street City State Zip

Contact Phone _____

In 50 words or less please explain why you feel you and your family would best benefit to receiving a new vehicle:

I understand that if I get chosen as a finalist to receive Transportation to a Better life, I agree to disclose verification of my Identity, NYS Drivers License number as well as a back ground check.

Signature

Date