



*We Help Veterans & Families
Find More Peace in Their Life*

Revised: 3/17/25

Funding Criteria for Vehicle Repair

Date: _____

Name of Veteran needing Vehicle Repair: _____

Vehicle information (Year/Make/Model): _____

Current odometer: _____

Describe the work that needs to be done: _____

What prompted the need for the repair? (Accident, lack of maintenance, etc.)

Who else has been contacted for assistance and what was the outcome (other agencies)? _____

How much money is needed? _____

Date amount is needed: _____

Three estimates are required: **Must include letterhead/invoice with contact information for the business.**



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Did you ask for a Veteran's discount? Yes, _____ No _____

If yes, how much discount? _____

1. From: _____ Amount? _____

2. From: _____ Amount? _____

3. From: _____ Amount? _____

Review estimates and contact vendor/vendors if there is a wide range in cost comparison.

What is the "out of door" cost? _____

Do vendors accept multiple payments from multiple organizations? Yes, ____ No ____

Preferred method of payment (check or credit card)? _____

Is Veteran employed? Yes, ____ No ____

If yes, where employed? _____

Supervisor name: _____

Phone number: _____

How many hours a week? _____ Monthly income? _____

Does Veteran have other sources of income:

VA benefits? Yes, ____ No ____

If yes, what is their monthly income? _____

Social Security? Yes, ____ No ____



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If yes, what is their monthly income? _____

Social Security Disability? Yes, ___ No ___

If yes, what is their monthly income? _____

Spouse Employed? Yes, ___ No ___

If yes, what is their monthly income? _____

List all other household income and their sources: _____

Is Veteran otherwise self-sustaining for monthly expenses? Yes, ___ No ___

Do you have personal funds to offset the amount requested? Yes, ___ No ___

If yes, how much? _____

Are you supporting any dependents? Yes, ___ No ___

If yes, please list members and ages: _____



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Details of your monthly household expenses. Remember to include expenses, such as, groceries, insurance, phone bill etc.

Additional Information and/or documentation may be required.

To be considered for assistance, Qualified Listeners will need the following in addition to this completed form, copy of Honorably Discharged DD214, and photo ID:

We will verify the information you provide.

No action will be taken on your request until all questions are answered and all supporting documentation is received.

Person completing this form:

Name (please print)

Signature