

VFW



**Veterans of Foreign Wars of the U.S.
Tordik-Diedrich-Duffield Post No.4927
9 Cherry Street
Selden, N Y 11784**

**Dennis Sullivan, Recycled Car Chairman
Cell (631) 848-3486
Fax (631) 736-7722**

Recipient Criteria

- * Application completed
- * Have a valid driver's license - send color copy
- * Have a clean driving record - obtain a transcript of driving record from the Motor Vehicle Dept
- * Be able to insure and maintain the vehicle
- * Not currently owning a good working vehicle
- * DD214
- * One Year Income Tax showing income of \$30,000 or less
- * Your story , what this car will mean to you

IMPORTANT ** All above information must be submitted with application******

Recipient's Legal Obligations and Liabilities

- * Title transfer fees
- * Paying the sales tax as calculated by your state. Check with your local Department of Motor Vehicles for tax exemptions. Some states have provisions for vehicles given/received as a gift.
- * Insurance coverage.

Please remember that the recipient is legally required to obtain and continue insurance coverage.

Veterans of Foreign Wars

Motor Vehicles for Veterans Program Application

Name: _____
Last First Middle

Address _____
Street Apt# Town State Zip Code

Phone Nbr. _____ Cell Number _____

E-Mail Address _____

Circle One: Rent Own

Valid Drivers
License Nbr. _____

Do you own a registered
Motor
Vehicle? Yes No

If yes: _____
Year Make Model Vin Number

Marital Status
Circle One: Single Married Separated Divorced

Name of Spouse: _____

Does Spouse Own a Registered
Motor Vehicle? Yes No

If Yes: _____
Year Make Model Vin Number

Number of
Household Dependents
Including Applicant: _____

List All Sources
of Income by
Household Member

Spouse

Source	Amt/Month	Amt/Year
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Source	Amt/Month	Amt/Year
--------	-----------	----------

Source	Amt/Month	Amt/Year
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Spouse's

Total Income: _____

	Total Month	Total Year
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List Other Dependents
Names and Total Monthly
and Yearly Income: _____

Name	Total/Month	Total/Year
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Name	Total/Month	Total/Year
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Name	Total/Month	Total/Year
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Name	Total/Month	Total/Year
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**Applicant who's signature is affixed below affirms that all
information provided above is complete and accurate.**

Applicant's Signature

Date

