

## VEHICLE DONATION REQUEST FORM

REFERRING PARTNER INFO	
a) DATE OF APPLICATION (mm/dd/yyyy)	
b) ORGANIZATION NAME	
c) MAIN PHONE NUMBER	
d) TYPE OF PARTNERSHIP WITH W.D.C.	<input type="checkbox"/> CHURCH BENEVOLENCE PARTNER <input type="checkbox"/> STRATEGIC MINISTRY PARTNER <input type="checkbox"/> GOSPEL MISSION PARTNER <input type="checkbox"/> OTHER:
e) CONTACT NAME (PREFERRED FIRST, LAST)	
f) TITLE	<input type="checkbox"/> PASTOR <input type="checkbox"/> BENEVOLENCE MINISTRY MANAGER <input type="checkbox"/> OTHER:
g) MOBILE PHONE NUMBER	
h) I CAN RECEIVE TEXT MESSAGES AT THIS NUMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO
i) EMAIL ADDRESS	
j) AFFIRMATION OF <u>AUTHORITY</u> : "I, THE REFERRING PARTNER ORGANIZATION'S REPRESENTATIVE, AM AUTHORIZED TO MAKE FINANCIAL COMMITMENTS ON BEHALF OF THE ORGANIZATION."	<input type="checkbox"/> YES <input type="checkbox"/> NO
k) AFFIRMATION OF <u>UNDERSTANDING</u> : "I, THE REFERRING PARTNER ORGANIZATION'S AUTHORIZED REPRESENTATIVE, HAVE READ AND UNDERSTAND THE W.D.C. PROGRAM'S DESIGN, REQUIREMENTS, AND CLIENT CRITERIA."	<input type="checkbox"/> YES <input type="checkbox"/> NO
l) <b>(CHURCH)</b> AFFIRMATION OF <u>ENDORSEMENT</u> : "THE CLIENT REFERRED BELOW IS A MEMBER IN GOOD STANDING WITH OUR CHURCH AND QUALIFIES BY OUR STANDARDS FOR BENEVOLENCE HELP."	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
m) <b>(MINISTRY)</b> AFFIRMATION OF <u>ENDORSEMENT</u> : "THE CLIENT REFERRED BELOW IS A CLIENT OF OUR MINISTRY, HAS BEEN FAITHFUL IN OUR PROGRAM, IS GENERALLY STABLE IN THEIR LIFE, AND QUALIFIES BY OUR STANDARDS FOR BENEVOLENCE HELP."	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
n) AFFIRMATION OF <u>FINANCIAL SUPPORT</u> : "IF THE CLIENT IS NOT ABLE TO AFFORD IT, OUR ORGANIZATION WILL ASSIST THE CLIENT FINANCIALLY WITH THE COSTS OF OWNING THE VEHICLE (TAGS, TITLE, REGISTRATION, INSURANCE, ETC.)"	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
o) AFFIRMATION OF <u>CLIENT QUALIFICATION</u> : "THE CLIENT REFERRED BELOW MEETS <u>ALL</u> OF THE W.D.C. PROGRAM'S CLIENT CRITERIA."	<input type="checkbox"/> YES <input type="checkbox"/> NO

p) AFFIRMATION OF <u>DOCUMENTATION</u> : "THE REQUIRED CLIENT DOCUMENTATION IS ALL COMPLETE AND ATTACHED." (SEE "CLIENT MANDATORY DOCUMENTATION" LIST BELOW)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CLIENT ("APPLICANT") INFO</b>	
q) CLIENT NAME (FIRST, MIDDLE, LAST) <i>your legal name</i>	
r) RESIDENTIAL ADDRESS (FULL, WITH ZIP)	
s) MOBILE PHONE NUMBER	
t) I CAN RECEIVE TEXT MESSAGES AT THIS NUMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO
u) EMAIL ADDRESS	
v) AGE	
w) CHECK ALL THAT APPLY	<input type="checkbox"/> WIDOW <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> VETERAN
x) FAMILY INFORMATION (list all persons living in the household – name and age)  NOTE: Use the back of this form if more space needed.	1) Name:                      Age: 2) Name:                      Age: 3) Name:                      Age: 4) Name:                      Age: 5) Name:                      Age:
y) EMPLOYMENT STATUS	
z) DOES CLIENT HAVE ANY OUTSTANDING TICKETS OR TRAFFIC VIOLATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
aa) IF YES, PLEASE EXPLAIN	
bb) CLIENT AFFIRMATION #1: THE CLIENT AFFIRMS THAT THEY ARE WILLING TO SIGN AN AGREEMENT AT THE TIME OF THE DONATION, STATING THEY WILL NOT SELL THE VEHICLE OR TAKE OUT A "TITLE LOAN" AT A PAWN SHOP OR ATTEMPT TO BENEFIT FROM THE VALUE OF THE VEHICLE FOR A PERIOD OF ONE YEAR.	<input type="checkbox"/> YES <input type="checkbox"/> NO
cc) CLIENT AFFIRMATION #2: THE CLIENT AFFIRMS THAT THEY WILL KEEP THE VEHICLE INSURED FOR A MINIMUM OF ONE YEAR. ALSO, THAT THE W.D.C. POLICY IS THAT IF A DONATED VEHICLE IS BROUGHT TO US FOR REPAIR IN THE FUTURE, PROOF OF INSURANCE <u>MUST</u> BE PROVIDED AND WILL BE VERIFIED.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TRANSPORTATION REQUEST</b>	
dd) SPECIAL REQUIREMENTS (TYPE OF VEHICLE, SIZE, NUMBER OF PEOPLE IN THE FAMILY, ETC.)	
ee) CAN YOU AFFORD THE ESTIMATED \$2,500 TO \$3,000 PER YEAR FOR CAR INSURANCE, MAINTENANCE, FUEL, REGISTRATION AND INSPECTION FEES ON A PERSONAL VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ff) IF NO, PLEASE EXPLAIN:	
<b>CURRENT SITUATION</b>	

gg) EXPLAIN YOUR CIRCUMSTANCE THAT RESULTED IN YOU NOT HAVING, BUT NEEDING A VEHICLE:	
hh) DESCRIBE YOUR TRANSPORTATION NEED:	

**DISCLAIMER**

The Applicant affirms that they understand that W.D.C. is an Equal Opportunity Non-Profit and committed to excellence through service. To ensure this application is acceptable, please print legibly or type the responses. This is essential for the application to be fully completed to be considered.

**I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual qualifying for a vehicle, I understand that any false or misleading information in my application or interview may result in my application being terminated.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**CLIENT MANDATORY DOCUMENTATION**

**(All documents must be specific to the individual, valid and current)**

**(All documents must be digitized and attached to this form)**

TEXAS DRIVER'S LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROOF OF INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ALL DOCUMENTS HAVE BEEN DIGITIZED, ARE CLEARLY READABLE, AND ARE ATTACHED TO THIS FORM	<input type="checkbox"/> YES <input type="checkbox"/> NO

**ADDITIONAL NOTES / COMMENTS / INFORMATION**

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**CONFIDENTIALITY STATEMENT**

All information provided is confidential and used solely for the purpose of determining eligibility for vehicle donation.

**W.D.C. APPROVAL SECTION**

**(for W.D.C. use only)**

PARTNER ORGANIZATION HAS AFFIRMED THAT THEY WILL PAY FOR THE VEHICLE'S REGISTRATION, INSURANCE, ETC. IF NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
W.D.C. DIRECTOR HAS REVIEWED ALL OF THE ABOVE INFORMATION AND APPROVES FOR US TO MOVE FORWARD WITH THE DONATION OF THE VEHICLE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF APPROVAL	
IF DECLINED, EXPLAIN IN DETAIL BELOW	(see below)

*WDC VDR Rev. 03 – 10/25*