



APPLICATION FORM

DATE: NAME OF APPLICANT:

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

HOME PHONE: WORK: CELL:

EMAIL:

HOW DID YOU HEAR ABOUT THE REBUILDING WHEELS REBUILDING LIVES PROGRAM?

DO YOU HAVE A VALID ONTARIO DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE NUMBER:

CAN YOU DRIVE A STICK SHIFT? YES NO

ARE THERE OTHERS IN YOUR HOUSEHOLD LICENSED TO DRIVE? YES NO

HOUSEHOLD MEMBERS (INCLUDING APPLICANT)

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	VALID DRIVER'S LICENSE
	Self		Yes

IF ADDITIONAL SPACE IS NEEDED FOR FAMILY MEMBERS, PLEASE USE THE BACK OF THIS PAGE.

DO ANY HOUSEHOLD MEMBERS OWN A CAR, VAN OR TRUCK? YES NO

IF YES, NAME OF PERSON:

DO YOU HAVE ACCESS TO THIS VEHICLE? YES NO

DO YOU HAVE THE FINANCIAL MEANS TO MAINTAIN A VEHICLE AND PAY FOR INSURANCE, GAS AND VEHICLE MAINTENANCE? YES NO

PLEASE EXPLAIN WHY YOU NEED A DONATED VEHICLE:

POWERED BY





HOUSEHOLD INCOME

YOUR INCOME INFORMATION MUST BE COMPLETED ACCURATELY.
ITEMS BELOW ARE ON A MONTHLY BASIS.

TAKE HOME WAGES/SALARY (AFTER TAXES)	\$	<input type="text"/>
CHILD SUPPORT (ONLY INCLUDE IF YOU ARE SURE TO RECEIVE IT EVERY MONTH)	\$	<input type="text"/>
ONTARIO WORKS/ODSP	\$	<input type="text"/>
OTHER INCOME (LIST ON LINES BELOW)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
TOTAL OF ALL INCOME LISTED ABOVE:	\$	<input type="text"/>

UPON COMPLETION OF THE APPLICATION, PLEASE SUBMIT BY CHOOSING ONE OPTION BELOW:

- **Deliver or mail to:**
Family Service Kent
50 Adelaide Street
Chatham, ON N7M 6K7
- **Fax to:** 519-354-5152
- **Email to:** info@familyservicekent.com

SIGNATURE: _____ DATE:

POWERED BY



United Way
Chatham-Kent

IF YOU REQUIRE ASSISTANCE COMPLETING THIS FORM, PLEASE CONTACT
FAMILY SERVICE KENT: 519-354-6221.