



Application

aircheckhouston.com

832.681.2527 / 866.237.9392 (toll free)

P.O. Box 22777

Houston, TX 77227-2777

Fax: 832.681.2530 / 2531

Instructions for Filling Out the Application

(see reverse side)

Tell us if you want to repair your vehicle or replace it by checking the correct line.

Section I: Applicant Information

Anyone applying for AirCheck Texas financial assistance must provide some basic personal information. Please give us your name, address — including your city and zip code, all telephone numbers where we can contact you, and your e-mail address, if you have one.

Section II: Vehicle Information

We need a few details about the car you want to replace or repair. In the space we've provided, please tell us:

- The county in which the vehicle is registered,
- The vehicle's make, model and model year (such as, "Chevy Malibu 2001")
- The vehicle's identification number (or VIN)
- The vehicle's Texas license plate number
- If you want to repair your vehicle, send us a copy of your Vehicle Inspection Report (VIR).

Section III: Income Eligibility

In order to qualify for assistance, you must meet family income guidelines. In the spaces provided, please tell us:

- Your family's annual income
- The number of members in your family or household
- The names and income sources for each working family member

Along with your application, you must send us copies of all documentation verifying your reported annual income. On the application itself, please tell us which form of documentation you are sending.

- If you are attaching pay stubs, remember that we need the last three months of paychecks
- If you are sending us a copy of your last tax return, please send Form 1040 pages 1 and 2 only
- If you receive some form of federal or state public assistance, please tell us what kind and give us a case number. If you receive Medicaid or Social Security Disability payments, please send us a copy of your award letter instead of giving us a case number.

The value of the replacement vehicle may affect eligibility requirements and/or benefits for financial assistance programs, such as Temporary Assistance for Needy Families. Please contact your case worker if you have any questions.

Don't forget to print your name, sign the form and date it!

Having bad *Air* days?

Get a jumpstart towards a better vehicle.



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Select one: Repair _____ Replace _____

Section I: Applicant Information

Name of Applicant _____

Address _____

City _____ TX Zip Code _____

Phone Number _____

Email Address _____

Section II: Vehicle Information

County where Vehicle is Registered _____

Vehicle Make and Model _____ - _____ Model Year _____

Vehicle Identification Number _____

Texas Vehicle License Plate Number _____ Current Mileage _____

If you want to repair your vehicle, you must send us a copy of your Vehicle Inspection Report (VIR).

Section III: Income Eligibility

Annual Family Income _____ Number of Household Members _____

Each member of the household with an income must be listed and show which type of documentation is being submitted.

Income Verification: (Please indicate which of the following documents you will be sending to verify your income.)

Household Member Name _____ Relation _____

____ Last 3 Months of Pay Stubs ____ Income Tax Form 1040, 1040A, 1040EZ

____ Federal/State Public Assistance Program Case Number _____

Household Member Name _____ Relation _____

____ Last 3 Months of Pay Stubs ____ Income Tax Form 1040, 1040A, 1040EZ

____ Federal/State Public Assistance Program Case Number _____

Affidavit: I hereby certify under penalty of perjury, that all information contained herein is true and correct. I acknowledge that all information given is subject to verification and/or monitoring. I authorize AirCheck Texas Repair & Replacement Assistance Program representatives to verify information needed to certify my eligibility.

Printed Name _____

Signature _____ Date _____

Complete the application and mail it to AirCheck Texas, Houston-Galveston Area Council, PO Box 22777, Houston, Texas 77227 or fax it to us at 832.681.2530. Be sure to include the required supporting financial documents.

Staff Member Initials _____ Date _____

Participating Dealer _____