



Application for Assistance

Applicant: Last Name _____ First Name _____ Middle Initial _____

Maiden and/or other names used: _____ Male/Female: _____

Street Address _____ City, State and Zip _____

Email Address _____ Date of Birth: _____

Telephone: Home or Work _____ Cell _____

Social Security # _____ Date of Birth ____/____/____

Total Household Income (including any public assistance) \$ _____

Income Source:

Employed _____ Calworks _____ Calfresh _____ SSI _____ SS _____ UIB _____ Other _____

How many are living in the home: Adults: _____ Children: _____

Are you: Single Parent _____ Over 65 _____ Disabled _____ Homeless _____ Student _____

Highest education level achieved by Applicant _____

How much does Applicant usually spend per month on transportation? \$ _____

Does Applicant have any medical or criminal restrictions OR any outstanding DMV fines or violations that would prevent Applicant from driving? Y/N _____ If yes, please

explain: _____

Does Applicant have a current and valid California Driver's License? Y/N

Driver's Lic # _____ State: _____

Will Applicant be able to purchase and maintain full coverage on the vehicle? Y/N _____

How did you hear about the Crozat Family Foundation: Radio ___ 211 ___ Friend ___ Other ___

Have you requested help from the Crozat Family Foundation previously: Y/N

If so, when? _____

Have you had recent unexpected expenses? (Car repair, medical, job loss, home repair, school)

Please provide documentation and /or explain:

Tell us about your vehicle needs (car seats, height, special needs):

How have you tried to improve your situation? Do you currently get assistance, if so, from whom? What has been the result?

(Continue on back if needed)

I represent that the information provided in this application is true and correct to the best of my knowledge. The Crozat Family Foundation is hereby authorized to verify all information in connection with the processing of this application.

Applicant's Signature

Applicant's Printed Name

Date

Please return this application to help@crozatfamilyfoundation.org or deliver by mail or in person to Crozat Family Foundation c/o G&C Autobody 251 Bellevue Ave. Santa Rosa, CA 95407. For more information call (707) 636-7422.