Ride 2 Accel Inc. – Vehicle Repair Assistance Intake Form

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Client Information

- Full Name: _____
- Date of Birth_____
- Address: _____
- Phone Number: _____
- Email: _____
- Driver's License Number: _____
- Are you the registered owner of the vehicle? **Yes / No**
- Upload vehicle registration: _____
- Upload vehicle title (if available)

Income Verification

- Monthly Income Amount: _____
- Income Source (SSI, SSDI, Employment, Pension, Other)
- Upload award letter or pay stub
- Do you receive any additional household income? **Yes / No**
- If yes, list source and amount: _____

• **How many people live in your household?** List each person's name, age, and relationship to you.

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

• **Are you responsible for transporting minors? Yes / No** If yes, list their ages and school/appointment schedule.

• **Are you responsible for transporting a disabled adult? Yes / No** If yes, list their needs and appointment frequency.

• **Does anyone in your household receive benefits (SSI, SSDI, SNAP, TANF)? Yes / No** If yes, list type and monthly amount.

• **Is your household currently experiencing financial hardship? Yes / No** If yes, explain in detail.

• **Monthly household expenses:**

- Rent/mortgage: _____
- Utilities: _____
- Food: _____
- Insurance: _____
- Childcare: _____
- Medical: _____
- Transportation: _____

Vehicle Information

- Year: _____
- Make: _____
- Model: _____
- VIN: _____
- Mileage: _____
- Upload photo of vehicle(OPTIONAL)
- Upload photo of license plate

SECTION 4 — Transportation Necessity

Check all that apply:

- I need my vehicle for employment ____
- I need my vehicle for school transportation _____
- Other (explain)

Required: Explain why the vehicle is essential for your daily life.

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Repair Issue

- Describe the problem with the vehicle: _____

_____

- When did the issue start?
- Is the vehicle drivable? Yes / No
- Has a mechanic diagnosed the issue? Yes / No ○ If yes, attach the estimate or diagnosis.

Requested Assistance

- Repair cost assistance
- Diagnostic assistance • Towing assistance
- Other (explain):

Documentation Provided

- Repair estimate
- Photos of the issue
- Tow bill
- Previous repairs
- Proof of hardship

Certification I certify the information provided is true and accurate.

Signature: _____ Date: _____

You will be asked to show proof of the financial hardship you have experienced . The following chart tells you what forms of documents we accept for proof, depending on what type of hardship you've experienced

Income Loss/Reduction	Acceptable Documentation
Lost Employment	• Unemployment Compensation Statement (Note: this satisfies the proof of income requirement as well.) • Termination/Furlough letter from Employer • Pay stub from previous employer with indication that the place of employment has closed.

Hours Reduced	• Wage statements showing a reduction in hours and pay • Letter from the Employer
Applicant or other adult in household not working in order to supervise virtual learning	• Verification of children's school enrollment
Household expenses incurred	• Receipts from relocation expenses and rental fees, reasonably incurred late fees, internet service, medical bills

Please print in fax to 410-558-1828 or email.