

Ride 2 Accel Inc. – Vehicle Repair Assistance Intake Form

3308 E. Fayette Street. Baltimore, Maryland 21224

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Client Information

- Full Name: _____
- Phone Number: _____
- Email: _____
- Address: _____
- Preferred Contact Method (call/text/email): _____

Please include income documentation for each ADULT listed above.

Total # of adults (18 years of age and older):

Total estimated gross annual income: \$

Total # of children (under the age of 18):

Total # of household members: _____

Vehicle Information

- Year / Make / Model: _____
- VIN (optional): _____
- License Plate (optional): _____
- Current Mileage: _____

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.