



Car Donation Request Form

I. Personal Information

Name: _____ DOB: _____

Address: _____

City: _____ Zip code: _____ Phone: _____

II. Other Persons Living in Household

Number of people in household: _____

Name	Age	Relationship to you
Attach additional sheet if necessary		

III. Monthly Income/Employment Information

Type of income	Amount for Self	Amount for Spouse	Household members amount	Total amount
Wages				
Unemployment				
Workers Comp				
Pension				
Social Security				
TANF				
Disability				
Other				

Place of employment: (If applicable) _____

Type of employment: _____

IV. Statement of need

1. Please explain your situation and why you need a car: This should explain what challenges you have faced in your life and any difficulties you are experiencing such as medical, employment, etc. (Attach additional page if needed)

2. How would a car improve the quality of life for you and your family? (Attach additional page if needed)

I certify that:

- I am a resident of Michigan .
- I am willing to share my story with the media.
- I am willing to provide any needed verifications to validate my need for this car.
- I have and will provide proof of a valid, current Michigan driver’s license.

My driver’s license number is _____ State _____ Exp _____

- I have a clean DMV record.
- I have not been convicted of a violent crime, or felony.
- I am able to be insured and will insure the vehicle before taking possession of it.
- I will sign release forms for all media and liability.

I certify that the information in this application is true to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

How did you hear about Driven Collision? _____