APPLICATION FOR VEHICLE ASSISTANCE

Vehicle Ownership Program • Montgomery County, Maryland

A Good Shepherd, Inc. ("the Charity") is a 501(c)(3) nonprofit organization that repairs donated vehicles and awards them, at nominal cost, to qualifying low-income families throughout Montgomery County. This application is the first step in determining your eligibility for our Vehicle Ownership Program.

ELIGIBILITY REQUIREMENTS

To be considered for a vehicle, applicants must meet all of the following criteria at the time of application:

- Must be a resident of Montgomery County, Maryland.
- Must have a verifiable job offer, or be currently employed at least 30 hours per week for the past 30 days.
- Must hold a valid Maryland driver's license.
- Must be able to obtain automobile insurance, with no history of DUI/DWI or other disqualifying criminal record.
- Must not currently have another operable vehicle in the household.
- Must be able to pass a drug screening.
- Must be able to cover approximately $500 in fees associated with taxes, tags, and title.
- Must be 25 years of age or older, or under age 25 with dependent children.
- Must not have received a vehicle through another free or reduced-cost vehicle donation program within the past six months.
- Additional eligibility criteria may apply at the discretion of the Board of Directors.

A NOTE ON REFERRALS

Applicants working with the Montgomery County Department of Health and Human Services, or another partner social service agency, are encouraged to request a referral letter to accompany this application.

HOW TO APPLY

1. Complete every section of this application legibly and in full. Incomplete applications cannot be reviewed.
2. Print and mail your completed application to the address below. Applications are not accepted by phone, email, or in person.
3. Applications are reviewed by the Board of Directors and compared against current vehicle inventory. Please allow up to 30 days from the postmark date for a response.

MAILING ADDRESS

A Good Shepherd, Inc.
2 Professional Drive, Suite 229
Gaithersburg, MD 20879

APPLICANT INFORMATION

Full Name _____

Home Address _____

City, State, ZIP _____

Home / Mobile Phone _____

Alternate Phone _____

Email Address _____

Date of Birth _____

Maryland Driver's License # _____

EMPLOYMENT INFORMATION

Employer Name _____

Employer Address _____

Work Phone _____

Supervisor's Name _____

Position / Title _____

Hours per Week _____

Length of Employment _____

HOUSEHOLD INFORMATION

List all individuals currently residing in your household, including dependents.

Full Name	Age	Relationship	Occupation / School

STATEMENT OF NEED

Please describe your current transportation situation, how the lack of a reliable vehicle affects your employment and family, and why you are applying for assistance. Continue on a separate sheet if needed.

APPLICANT CERTIFICATION

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial of assistance and, if assistance has already been received, may require repayment of its value. I understand that if selected, I will be asked to provide supporting documentation of income, residency, and driving eligibility.

Applicant Signature *Date*

Printed Name

Thank you for taking this step toward reliable transportation and greater independence for your family.