AirCheckTexas Repair Assistance Program Application for Travis County

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www.driveacleanmachine.org

SECTION I: Applicant Information

1. Applicant: _____ 2. Check One: Vehicle Owner Primary Driver

3. Address (No PO. Box) _____ 4. City: _____

5. State: _____ 6. ZIP: _____ 7. Date of birth _____/_____/_____

8. Telephone number: _____ 9. Driver's license #_____

SECTION 2: Vehicle Information

10. Has vehicle been registered in Travis County for 12 months within the last 15 months preceding your application date? **Yes** **No**

11. Has vehicle failed the emissions portion and passed the safety portion of the annual test within last 30 days preceding your application date: Yes No

12. Is your vehicle gasoline powered? Yes No

13. **License plate**: _____ 14. Odometer reading _____

15. **Vehicle make**: _____ 16. **Vehicle model**: _____ 17. **Model year**: _____

(Example: Make: Ford Vehicle model: Taurus Model year: 1996)

18. **Vehicle ID number:** ____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/____

(17 characters)

SECTION 3: Applicant Eligibility

19. Total household take-home pay in last 30 days: **$**_____ **20. Number of persons in household**: _____

21. Proof of Income:

- ☐ Letter of benefits received within last 30 days from SSI, TANF, Food Stamps, Medicaid, WIC, CHIP, Lite-UP or certain other federal or state programs that show applicant or a member of applicants household that receive benefits.
- ☐ Income Tax 2010, ☐ Forms W-2's, ☐ Pay Check Stubs, ☐ 2011 Social Security Award Letter, ☐ Child Support,
- ☐ Unemployment benefits, ☐ No income statement, ☐ Name and amount of any other sources of income:_____

_____

Affidavit: I hereby certify under penalty of perjury, that all the information contained herein is true, complete and correct. I acknowledge that all information given is subject to verification and/or monitoring. I authorize AircheckTexas Repair & Retirement Assistance Program representatives to verify information needed to certify my eligibility.

_____ **Date:** _____
Signature of applicant named above

_____
Printed Name

Extra documentation might be requested.
This application must be complete and legible. Fax this form, with a copy of your driver's license, vehicle title that show your name or vehicle insurance card that show you as primary insured, proof of income, vehicle inspection report not older than 30 days that show failed emissions & passed safety. FAX# 512-854-5021 or mail it to Travis County/AirCheck Texas, 100 N. HI 35, Suite 2000, Austin TX, 78701

NOTE: YOUR NAME, TELEPHONE NUMBER, AND HOME ADDRESS MAY BE SUBJECT TO DISCLOSURE UNDER THE TEXAS PUBLIC INFORMATION ACT.

OFFICE USE ONLY:			**CABA #**
Date Received:	**Date Reviewed:**	**Caseworker:**	**Date Case Closed:**