

# Lorain County Community Action Agency

## Vehicle Match Application 2020 (BYCar)

(Note: Documentation to verify eligibility must be submitted with this application)

|                      |                          |                        |               |  |
|----------------------|--------------------------|------------------------|---------------|--|
| PLEASE PRINT CLEARLY | First Name of Applicant  | Last Name of Applicant |               |  |
|                      | Street Address.          |                        |               |  |
|                      | City, State and Zip Code |                        |               |  |
|                      | Daytime Phone Number     | Cell Phone Number      | Email Address |  |

List all household members and all household income for the last 90 days. Use an additional sheet of paper or the back of this form if necessary. Households may also submit for the last 12 months.

| Household Member's Name             | Relationship to You | Social Security Number | Date of Birth | Income Source(s) | Total Income for Last 90 Days |
|-------------------------------------|---------------------|------------------------|---------------|------------------|-------------------------------|
|                                     | Self                |                        |               |                  | \$                            |
|                                     |                     |                        |               |                  | \$                            |
|                                     |                     |                        |               |                  | \$                            |
|                                     |                     |                        |               |                  | \$                            |
|                                     |                     |                        |               |                  | \$                            |
|                                     |                     |                        |               |                  | \$                            |
|                                     |                     |                        |               |                  | \$                            |
| <b>Total Household Income</b>       |                     |                        |               |                  | <b>\$</b>                     |
| <b>Employer Name or School Name</b> |                     |                        |               |                  |                               |

**Client affirms that there is no vehicle owned by any member of this applicant's household.**

By Signing below, the client indicates that information provided is accurate and complete.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date