

# Lorain County Community Action Agency

## Vehicle Match Application 2021 (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 30 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