

Mechanics of FAITH Financial Information

Customer's Name:						
(Last)			(F	(MI)		
EMPLOYMENT HISTORY						
Customer			Spouse			
Employer:			Employer:			
Hours/Week: Weeks/Year:			Hours/Week: Weeks/Year:			
· · · · · · · · · · · · · · · · · · ·			If unemployed, date last worked:			
In unemployed, name of last employee In unemployed, name of last employer:				employer:		
MON	THLY INCOME	1		•		
	Customer	S	pouse	Other Member	Provide	
Salary & Wages (Monthly gross)					2 Month's pay stubs	
Self Employed					Schedule C tax form	
Child Support					Court order/record	
Alimony					Documentation	
Social Security/SSI					Award letter	
Disability/SSDI					Award letter	
Pension/Retirement					Documentation	
Unemployment					Award letter	
Workers' Compensation					Award letter	
Interest/Dividends, etc.					Documentation	
Other (2 nd job, etc.)						
Total monthly income						
per household member	\$	\$		\$		
Are you receiving Food Stamps?YesNo If yes, how much per month? \$						
Are you receiving rood Stamps:resno it yes, now much per month: \$						
If customer answers yes to any of the	he questions belo	w, docu	mentation is	required:		
Are you a Veteran?			Yes	No		
If so, do you qualify for Veteran's Benefits?			Yes	No		
Do you have Medicare?			Yes	No		
Do you have Medicaid?			Yes	No		
Have you ever applied for Medicaid or any other State/County assistance?			Yes	No		
<u>Customer Certification</u> : I, the undersigned, certify that the above information is true and accurate to the best of my knowledge. I understand that the information submitted is subject to verification. In the review process, documentation may be requested to verify information provided in this application. I understand that falsification of information submitted may jeopardize my consideration for the program.						
Customer Signature:				Date: _		



Mechanics of FAITH Household Information

Date			
First Name	MI Last Na	ame	
Housing: Own Ren	t Live with Family _	Friends	Other
How long have you lived at this addres	ss?Years Month	s	
Marital Status: Married Single	Divorced S	Separated Widow	red
Race: White Black H	ispanic Asian	Other	
U.S. Citizen? Yes No			
Primary Language: English	Spanish Other		
In which County or City are you a resid	dent?		
Do you own other vehicles? If yes, ho	w many		
How many drivers live in the home?			
Age of drivers			
Н	DUSEHOLD MEMBERS (inc	luding Customer)	
Total # dependent on customer's inco	ome?		
Total # people living in the home			
First Name	Last Name	Birth Date/Age	Relationship
			Head of Household
What is your employment status? Full-Time Part-Time If married, what is your spouse's em Full-Time Part-Time	nployment status?	etired Unemploy	

Last Name:		



Date:	/	/
Date.	 	

Mr. Name: _{Mrs.}				Male
Ms. Address:	First	М	Last	Female \square
Address.				
	City	State	Zip Cou	nty
Phone:	(Cell)			
	(Home)			
	(Work)		- d)	
How did you		ne #'s where you can be reache out us? Website		 r
Where do yo	u normally g	go for car repairs?		s, date of accident:
Vehicle Infor	mation: M	akeLicen	Model	Year
		Licen	se #	_
Housing: Driveway:	Single Far Paved	ustomers hom; to help us pre nily Home	ne 🗌 Apartmer	
		Service	e(s) Requested	
		Air Filter Replacement Battery Replacement Brakes Brakes & Rotors Diagnostic Testing Filter Replacement - Cabin	Serpentine E Tire Rod Re Tire Rotation	vlacement placementOil Change Belt Replacement placement
Other Servic	es Needed/L	Description of Problem:		
Mechanics of FAITH ask that you provide the parts required to perform the car repair. If you feel you cannot afford to buy the parts required to perform the car repair, you may apply for the parts to be purchased by Mechanics of FAITH "a blessing". Labor is provided free of charge; however, if you wish to make a donation for the labor so that others may be blessed, please indicate this below. Will be providing parts for repair and would like to make a donation by check on day of repair. Will be providing parts for repair and may make a donation through the website at a later time. Would like to apply for "a blessing". Additional forms will need to be completed.				
Customer Sig		Time	Date Customer phoned:	Yes No



Mechanics of FAITH

Consent for Repair(s)

I understand and consent to my vehicle being examined and repaired by the volunteers with Mechanics of FAITH.

I understand that this organization depends on donations to continue to offer services. I understand that I am required to cancel any scheduled appointment with at least 24 hours notice, except in cases of emergency. If I don't call to cancel an appointment, my privilege to receive services through this organization may be suspended.

I understand that the services being provided are provided by the volunteers of Mechanics of FAITH. I understand that all volunteers performing repairs, are immune from liability under the Good Simon Law.

Print Name	
Signature of Customer	Date
Witness	 Date

I hereby voluntarily consent to having my vehicle repaired.