Vehicle Repair Program Application

Emergency Financial Assistance Request

Referring Agent Information

- **Name of Referring Agent:** _____
- **Agency Name:** _____
- **Contact Number:** _____
- **Email Address:** _____
- **Agent's Position/Role:** _____

Applicant Information

- **Name:** _____
- **Address:** _____
- **County:** _____
- **Phone:** _____
- **Email:** _____
- **Employer:** _____
- **Insurance Provider:** _____
- **Policy Number:** _____

Household Details

- **List Other Adults in Home:**

  _____

  _____

- **Children in Home (include age and relationship to applicant):**

  _____

  _____

  _____

  _____

Emergency Description

Describe the circumstances that led to current crisis and why financial assistance is needed for repair:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Assistance Requested

- **Repair Estimate:** $_____
- **Repairs Needed:** _____
  _____
- **Auto Shop Name and Contact:** _____
  _____

Income and Expenses

- **Monthly Income:** $_____
- **List All Assistance and Income Sources (Social Security, Unemployment, Food Support, Child Support, Government Assistance, etc.) Along With Amount:**
  _____
  _____
  _____
  _____
  _____
- **Monthly Expenses:**
- Rent: $_____

- Utilities: $_____
- Food: $_____
- Transportation: $_____
- Medical: $_____
- Other: $_____

Other Assistance Sought

- Have You Received Assistance Phases Family Support in the Past? _____
  If Yes, Please Explain: _____
  _____
- County Emergency Assistance: _____
- Other Community Resources Contacted Regarding This Request:
  _____
  _____
  _____
  _____

Certification

The referring agent certifies that the information provided is accurate and that the applicant meets the eligibility requirements for the Phases Family Support Vehicle Repair Program.

Signature: _____ Date: _____

Attachments

- Documentation of emergency (if more space was needed)
- Copies of estimates for repairs.
- Proof of ownership of vehicle
- Proof of employment
- Copy of valid Driver's License

Submit completed application to: Email: **Help@phasesfamilysupport.org**

If unable to email, application can be sent to: Phases Family Support, PO Box 390, Avon, MN 56310.

Important Information

- Please ensure all sections of the application are completed accurately and honestly. Incomplete or incorrect information may delay processing or affect eligibility.
- Supporting documentation must be included for your application to be considered.
- All information provided will be kept confidential and used solely for the purpose of determining financial assistance eligibility.
- If you have questions or need help completing the application, contact Phases Family Support at **Help@phasesfamilysupport.org.**
- Submission of this application does not guarantee funding. Each request is reviewed on a case-by-case basis.
- Applicant must reside in a 30-mile radius of Avon, MN.
- The need has been created by an unforeseen event or to assist in becoming self-sufficient.
- The applicant must be employed.
- If approved, payment will be sent directly to the auto repair shop. We do NOT give individuals money.
- The program only covers urgent repairs that are required for the safety and operation of the vehicle, not routine/past due maintenance or comfort repairs.
- Applicant will be required to up to 10% of repair cost.
- The repair cost cannot be more than the value of the vehicle.
- The maximum amount that will be awarded will be based the discretion of Phases Family Support and may vary depending on availability of funds.