



**Wheels4Vets (W4V) A program of,
Heroes Walk Among Us ®**

Phone: (505) 217-2230
Facsimile: (505) 395-7570
Email: info@Wheels4Vets.org

DATE: _____

Name _____
Last First Middle

Social Security No. _____ Age _____ Gender ____ M ____ F

Date of Birth _____

Current Mailing Address _____
No. Street City Zip

Phone Number(s) With Area Code _____

Emergency Contact Name and Phone Number(s) With Area Code: _____

MILITARY HISTORY

Are you an "Other than Dishonorable" discharged veteran? Yes ____ No ____

Military Branch _____

In which era(s) did you serve?

WWII ____ Korea ____ Vietnam ____ Gulf War I ____ OEF/OIF ____

Other _____

Dates of Service _____

Please Attach a copy of your DD214 to application

Are you a Disabled Veteran? Yes / No What percent are you rated: _____

If yes, submit a copy of your VA award letter with this application

FINANCES

Monthly Income:

What are the potential recipient's current income/benefits, and from what sources do they receive these income/benefits? Source of income/benefits (*Examples: Job, Military, VA, SS, Etc*)

Cash Income:

Cash benefits description _____ Amount per month _____

Total (cash) income \$ _____ per month

Non-cash (*Examples: Food Stamps, WIC, Section 8, etc.*)

Benefits description _____ Amount per month _____

Benefits description _____ Amount per month _____

Benefits description _____ Amount per month _____

Total (non-cash) income \$ _____ per month

Breakdown of Monthly Expenses

Description and amount of monthly expenditures

Expenditures description

Amount per month

Shelter (*rent/mortgage*) :

Utilities:

Vehicle payment:

Insurance:

Gasoline:

Medical ins., Co-pays:

Food (*Do not include Food Stamp amount*):

Childcare:

Other (*specify*)

Other (*specify*)

Other (*specify*)

Other (*specify*)

Other (*specify*)

Total expenditures \$ _____ per month

Special expenditures that have contributed to the crisis or circumstances of this request

(*use additional page if needed*)

Driving Information

Are you legally able to drive? _____

What is your drivers license number? _____

In which state is your drivers license issued? _____

What is the date of expiration? _____

What is the name of your automobile insurance company? _____

What is your automobile insurance policy number? _____

LEGAL HISTORY/INFORMATION

Do you currently have any outstanding, legal issues pending (Warrants, Probation) ?

Yes _____ No _____

If yes, please explain. _____

FAMILY HISTORY/INFORMATION

Married _____ Divorced _____ Separated _____ Single _____ Widowed _____

Do you have children living with you? Yes _____ No _____

If yes, how many? _____

CURRENT VEHICLE /DRIVER INFORMATION

Do you have your own vehicle? Yes _____ No _____

Make _____ Model _____ License Plate No. _____ State _____

Requestors Name – Printed

Signature

Date