



# Application

[aircheckhouston.com](http://aircheckhouston.com)

832.681.2527 / 866.237.9392 (toll free)

P.O. Box 22777

Houston, TX 77227-2777

Fax: 832.681.2531

## Instructions for Filling Out the Application

(see reverse side)

Tell us if you want to repair your vehicle or replace it by checking the correct line.

### Section I: Applicant Information

Anyone applying for AirCheck Texas financial assistance must provide some basic personal information. For replacement assistance, please give us your name(s) to appear on voucher and be advised the name on the driver's license, title of the vehicle and financial documents MUST be the same. No exceptions!

### Section II: Vehicle Information

We need a few details about the car you want to replace or repair. In the spaces we've provided, please tell us:

- County of vehicle registration (Brazoria, Ft. Bend, Galveston, Harris or Montgomery)
- The vehicle's make, model and model year (such as, "Chevy Malibu 2001")
- The vehicle's identification number (or VIN) and the vehicle's Texas license plate number
- If you want to repair your vehicle, send us a copy of your Vehicle Inspection Report (VIR).
- VIR must show passed safety items, failed due to emissions and apply within 30 days from test date

### Section III: Income Eligibility

In order to qualify for assistance, you must meet family income guidelines. In the spaces provided, please tell us:

- Your family's annual income
- The number of members in your family or household
- The names and income sources for each working family member

Along with your application, you must send us copies of all documentation verifying your reported annual income. On the application itself, please tell us which form of documentation you are sending.

- If you are attaching pay stubs, remember that we need the last three(3) complete months of paychecks
- If you are sending us a copy of your last tax return, please send Form 1040 pages 1 and 2 only
- If you receive some form of federal or state public assistance, please tell us what kind and give us a case number. If you receive Medicaid or Social Security Disability payments, please send us a copy of your most recent award letter instead of giving us a case number.

*The value of the replacement vehicle may affect eligibility requirements and/or benefits for financial assistance programs, such as Temporary Assistance for Needy Families. Please contact your case worker if you have any questions.*

**Don't forget to print your name, sign the form and date it!**

Having bad *Air* days?

**Get a jumpstart towards a better vehicle.**



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Select one: Repair \_\_\_\_\_ Replace \_\_\_\_\_

## Section I: Applicant Information

Name of Applicant[s]: 1) \_\_\_\_\_ 2) \_\_\_\_\_ [to appear on voucher]

Address \_\_\_\_\_

City \_\_\_\_\_ TX Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Section II: Vehicle Information

County where Vehicle is Registered \_\_\_\_\_

Vehicle Make and Model \_\_\_\_\_ - \_\_\_\_\_ Model Year \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

Texas Vehicle License Plate Number \_\_\_\_\_ Current Mileage \_\_\_\_\_

*If you want to repair your vehicle, you must send us a copy of your Vehicle Inspection Report (VIR) and submit application within 30 days from the failed date.*

## Section III: Income Eligibility

Annual Family Income \_\_\_\_\_ **Number of Household Members** \_\_\_\_\_

Each member of the household WITH AN INCOME must be listed and show which type of documentation is being submitted.

Income Verification: **(Please indicate which of the following documents you will be sending to verify your income.)**

Household Member Name \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_ Last 3 Months of Pay Stubs \_\_\_\_ Income Tax Form 1040, 1040A, 1040EZ \_\_\_\_ Current Award Letter (Social Security)

\_\_\_\_ Federal/State Public Assistance Program Case Number \_\_\_\_\_

Household Member Name \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_ Last 3 Months of Pay Stubs \_\_\_\_ Income Tax Form 1040, 1040A, 1040EZ \_\_\_\_ Current Award Letter (Social Security)

\_\_\_\_ Federal/State Public Assistance Program Case Number \_\_\_\_\_

**Affidavit:** I hereby certify under penalty of perjury, that all information contained herein is true and correct. I acknowledge that all information given is subject to verification and/or monitoring. I authorize AirCheck Texas Repair & Replacement Assistance Program representatives to verify information needed to certify my eligibility.

Printed Name[s] 1) \_\_\_\_\_ 2) \_\_\_\_\_

Signature[s] 1) \_\_\_\_\_ 2) \_\_\_\_\_ Date \_\_\_\_\_

*Complete the application and mail it to AirCheck Texas, Houston-Galveston Area Council, PO Box 22777, Houston, Texas 77227 or fax it to us at 832.681.2531. Be sure to include the required supporting financial documents and call back 2-3 business days to verify we have received your application.*