



United Way
of the Tri-Valley Area

For Administrative Use only			
___ Initial review	___ Work Complete	___ Sent to committee	___ Sent for payment

Don't Despair Car Repair Application

United Way has a goal to help our community become more mobile. If you need assistance, please complete the form below. Here are some things you need to know before completing the application:

- Assistance may be provided up to \$1,000 per applicant. There is a possibility of a co-payment from the applicant.
- There can be only one applicant **per household** and an **applicant may be funded only one time**.
- If repair exceeds \$1,000, the payment of the applicant portion must be paid to the garage prior to the United Way portion being paid. Confirmation from the garage is required.
- The work **must** be done at one of our participating garages.
- This program funds repairs that are inspectable only.
- **Applicants must be residents of Franklin County, Livermore, or Livermore Falls, Maine.**
- By submitting this application, the applicant understands that a committee of community members will be reviewing the application, and the selected garage may be contacted for additional information.
- The garage completes either page 2 of this form or an official garage estimate must be included with your pre-authorized application.
- Payment for the cost of the repair is sent directly to the garage upon confirmation that work is complete and applicant portion has been paid.
- The United Way of the Tri-Valley Area is providing funding only and is not responsible for any future maintenance issues, damages, or unfinished work.

Applicant name: _____ Email: _____

Applicant address: _____ Phone: _____

Total # of people in the household: _____

Total annual income - **MUST INCLUDE ALL household members:** _____

Please attach the last pay stub with Year to Date (YTD) totals, latest Social Security benefits letter, and/or most recent W2.

Are you over 60? Yes No

What is the primary use of the vehicle (check all that apply)?

- Work (name of employer) _____ Other _____
- Out-of-town doctor (list town/s _____)

Does the vehicle have a valid inspection? ___yes ___no If yes, valid until: _____

Vehicle make, model, and year: _____ Mileage: _____

How long has the vehicle needed repair? _____

Do you have access to another vehicle? ___yes ___no

Will the vehicle be towed to the garage? ___yes ___no, If yes, why? _____

What are the repairs needed? _____

Email or fax applications to UWTV: nernest@uwtva.org / fax 207-779-0577.

To be completed by the garage (or attach garage estimate):

Name of applicant: _____

Name of garage: _____

Vehicle make and model: _____ Mileage: _____

Are these repairs required for inspection? ___yes ___ no

Will the vehicle be inspectable after repairs? ___yes ___ no (if no, why not? I.e., body work needed) _____

What repairs need to be done to the vehicle? Please be as specific as possible:

Total Cost: \$ _____

Please itemize the cost of the repair (or attach an itemized bill):

Signature of garage representative Date

* The United Way of the Tri-Valley Area is providing funding only and is not responsible for any future maintenance issues, damages, or unfinished work.

This form must be completed and submitted with the completed application (page 1).