



## Vehicle Repair and Replacement Assistance Application

Weber-Morgan Health Department  
477 23<sup>rd</sup> Street Ogden, UT 84401  
801-399-7140

### SECTION 1: APPLICANT INFORMATION – PLEASE PRINT

Vehicle Owner Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: UT Zip Code: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2: VEHICLE INFORMATION – PLEASE PRINT

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

License Plate: \_\_\_\_\_ Odometer: \_\_\_\_\_

### SECTION 3: INCOME ELIGIBILITY & ID VERIFICATION

Total number of household members: Adults \_\_\_\_\_ Children \_\_\_\_\_

- Proof of income will be verified using your most recent Federal Tax Form 1040. This document must be brought to your appointment.
- ID check required

### SECTION 4: AFFIDAVIT AND SIGNATURE – PLEASE SIGN AND DATE

I certify that the information provided in this application is complete, accurate, and true. I understand that falsification of this information and/or attachments may result in termination from, or denial of the application for the Vehicle Repair and Replacement Assistance Program. I acknowledge that all information given is subject to verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 5: OFFICE USE ONLY

Approved / Denied Repair / Replacement Date: \_\_\_\_\_

Assistance Percentage and Amount: \_\_\_\_\_ Applicant ID: \_\_\_\_\_