



United Way
of the Tri-Valley Area

For Administrative Use only

____ Initial review ____ Work Complete
____ Sent to committee ____ Sent for payment

United Way of the Tri-Valley Area

Don't Despair Car Repair Program

United Way has a goal to help our community become more mobile. That includes coordinating volunteer ride programs and providing help with car repairs. 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 a car repair exceeds \$1,000 the applicant must secure the additional cost of the repairs prior to work starting. Proof of available funds beyond the \$1,000 must be sent to United Way in writing before work begins.
- If repair exceeds \$1,000, the payment of the customer portion must be paid to the garage prior to the work beginning. Confirmation from the garage is required.
- **Applicants must be residents of Franklin County, Livermore, or Livermore Falls.**
- 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 page 2 of this form after review by United Way. It must be included with your final application.
- Payment for the cost of the repair is sent directly to the garage upon confirmation that work is complete.
- 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: _____

Household income: _____ Total # of people in the household: _____

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

Are you over 60? Yes ☐ No ☐

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

- | | |
|--------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Work (name of employer) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Local doctor appointments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Out-of-town doctor (list town/s)
_____ | |

Do you have access to another running vehicle? ____yes ____no

How long has the vehicle needed repair or been out of commission? _____

How will you get transportation while the vehicle is being fixed? _____

Please tell us why you should be considered for funding: _____

Applications should be sent to United Way of the Tri-Valley Area via email: nernest@uwtva.org OR fax 207-779-0577.

To be completed by the garage:

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

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