



**Clean Fleet Auto Body Benevolence Program
Recipient Application Form**

Name: _____ Date: _____

Address: _____

Daytime Phone: _____ Evening/Cell Phone: _____

Driver Information

Do you have a current valid driver's license? Yes No
If yes, please **attach a current DMV driving record report with application.**

Drivers license number: _____ Expiration Date: _____ State: _____

Has your driver's license ever been suspended or revoked? Yes No

Have you had any moving violations or criminal infractions in the past two years? Yes No

Do you currently have auto insurance? Yes No

Are there any other members of your household with a current valid drivers license? Yes No

Can you drive a manual/stick shift transmission car? Yes No

This event will be covered by the media, are you willing to appear on TV? Yes No

Employment Information

Are you currently employed? Yes No
If yes, please list the name, address and telephone number of your employer/supervisor.

Please write at least a **one-page** narrative explaining why the lack of reliable transportation interferes with your current and future economic status, and how receiving this automobile will assist you in becoming self-sufficient. Attach a copy of your resume to this application form, along with the DMV print out and return **all 3 items to Clean Fleet Auto Body no later than December 10, 2011**
Please fax back to us at 504-888-0507 or
mail to us at 4432 Hearst St. Metairie, LA 70001