



Criteria for Progressive Keys To Progress Program

Veteran Recipient Criteria

- Must be able to provide a DD214
- Must fall below the Geographic Income Threshold for your county, reference VA's Means Test for priority group 7 or 8
 - <http://www.va.gov/healtheligibility/Library/tools/GMT/index.asp>
- Have a valid driver's license
- Have a clean driving record – obtain a transcript of driving record from the Motor Vehicle Department
- Be able to insure and maintain the vehicle
- Not currently own a good working vehicle
- One Year Income Tax

Veteran Recipient's Legal Obligations and Liabilities

- Title transfer fees
- Paying the sales tax as calculated by your state. Check with your local Department of Motor Vehicles for tax exemptions. Some states have provisions for vehicles given/received as a gift
- Insurance coverage

Please remember that the recipient is legally required to obtain and continue insurance coverage.



NO ONE DOES MORE FOR VETERANS.



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Veteran's Information

***Required**

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Rent* _____ Own* _____

Valid Drivers

License No.*: _____

Number

State

Expiration Date

Marital Status*: Single Married Separated Divorced

Excluding veteran, please list all dependents residing in the home*:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your spouse own a registered motor vehicle*? Yes No

If yes:

Year	Make	Model	VIN Number
_____	_____	_____	_____
_____	_____	_____	_____

Income:

Veteran Monthly Income*:
\$ _____

Spouse/Finance/Roommate Monthly Income*:
\$ _____

Additional Monthly Income*:

Type	Amount	Type	Amount
VA Benefits	_____	Unemployment	_____
Child Support (received)	_____	SSI/SSDI	_____
Welfare	_____	Food Stamps	_____
Other	_____		

Total Monthly Income*: \$ _____

Have you ever been convicted of a felony? Yes ____ No ____

Applicant signature confirms they understand that proper stewardship requires they provide the necessary information to substantiate their request, including governmental records, income information and current driving records. The applicant understands this information will be kept confidential.

Veteran Applicant Signature*

Printed Name*

Date*
