



**Wheels4Vets (W4V) A program of,  
Heroes Walk Among Us ®**

**Phone:** (505) 217-2230

**Facsimile:** (505) 395-7570

**Email:** [info@Wheels4Vets.org](mailto:info@Wheels4Vets.org)

DATE: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F

Date of Birth \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
No. Street City Zip

Phone Number(s) With Area Code \_\_\_\_\_

Emergency Contact Name and Phone Number(s) With Area Code: \_\_\_\_\_  
\_\_\_\_\_

### MILITARY HISTORY

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Are you an "Other than Dishonorable" discharged veteran? Yes \_\_\_\_ No \_\_\_\_

Military Branch \_\_\_\_\_

In which era(s) did you serve?

WWII \_\_\_\_ Korea \_\_\_\_ Vietnam \_\_\_\_ Gulf War I \_\_\_\_ OEF/OIF \_\_\_\_

Other \_\_\_\_\_

Dates of Service \_\_\_\_\_

Please Attach a copy of your DD214 to application

Are you a Disabled Veteran? Yes / No What percent are you rated: \_\_\_\_\_

**If yes, submit a copy of your VA award letter with this application**

**FINANCES**

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**Monthly Income:**

**What are the potential recipient's current income/benefits, and from what sources do they receive these income/benefits?** Source of income/benefits (*Examples: Job, Military, VA, SS, Etc*)

**Cash Income:**

Cash benefits description \_\_\_\_\_ Amount per month \_\_\_\_\_

**Total (cash) income \$ \_\_\_\_\_ per month**

**Non-cash** (*Examples: Food Stamps, WIC, Section 8, etc.*)

Benefits description \_\_\_\_\_ Amount per month \_\_\_\_\_

Benefits description \_\_\_\_\_ Amount per month \_\_\_\_\_

Benefits description \_\_\_\_\_ Amount per month \_\_\_\_\_

**Total (non-cash) income \$ \_\_\_\_\_ per month**

**Breakdown of Monthly Expenses**

Description and amount of monthly expenditures

**Expenditures description**

**Amount per month**

Shelter (*rent/mortgage*) :

Utilities:

Vehicle payment:

Insurance:

Gasoline:

Medical ins., Co-pays:

Food (*Do not include Food Stamp amount*):

Childcare:

Other (*specify*)

Other (*specify*)

Other (*specify*)

Other (*specify*)

Other (*specify*)

**Total expenditures \$ \_\_\_\_\_ per month**

**Special expenditures that have contributed to the crisis or circumstances of this request**

(*use additional page if needed*)

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**Driving Information**

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Are you legally able to drive? \_\_\_\_\_

What is your drivers license number? \_\_\_\_\_

In which state is your drivers license issued? \_\_\_\_\_

What is the date of expiration? \_\_\_\_\_

What is the name of your automobile insurance company? \_\_\_\_\_

What is your automobile insurance policy number? \_\_\_\_\_

**LEGAL HISTORY/INFORMATION**

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Do you currently have any outstanding, legal issues pending (Warrants, Probation) ?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY/INFORMATION**

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Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Do you have children living with you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

**CURRENT VEHICLE /DRIVER INFORMATION**

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Do you have your own vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate No. \_\_\_\_\_ State \_\_\_\_\_





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Requestors Name – Printed

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Signature

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Date