



God's Garage Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

I can contribute financially for repair parts on my vehicle? YES NO I would benefit from financial coaching/training? YES NO

I am employed? YES NO I have a plan to replace my vehicle? YES NO

If yes, when? _____

How did you get referred to God's Garage? _____

What is the nature of your need for assistance? (Elderly, Single Mom, Special Circumstance, Etc) Please explain:

Vehicle Information

Make: _____ Model: _____ Year: _____ Mileage: _____

What are the symptoms of your vehicle malfunction? _____

Does your vehicle have current insurance? YES NO Does your vehicle have current registration? YES NO

Disclaimer and Signature

I hereby authorize repair work to be completed on my vehicle. God's Garage Volunteers may operate the above vehicle for the purpose of testing, inspection or delivery at my risk. You will not be responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, accident or any other cause beyond control.

Signature: _____ Date: _____

Please submit a copy of your registration and proof of insurance along with this application to:
 Evangelical Covenant Church of Whitehall
 900 Warner St, Whitehall, MI 49461
 Office Number: (231) 894-4271 Email: office@eccwhitehall.org