

**FREE GAS USA, INC.
GASOLINE GRANT QUESTIONNAIRE
AND APPLICATION FORM**

IN ORDER TO QUALIFY FOR OUR GASOLINE GRANT ASSISTANCE PROGRAM, YOU MUST FIRST COMPLETE THE QUESTIONNAIRE BELOW TO DETERMINE IF YOU MEET ALL OF OUR FUNDING REQUIREMENTS.

1. Are you at least 18 years of age or older? _____
2. Are you a legal resident of the United States? _____
3. Are you on Public Assistance? _____
4. Are you a member of the United States Armed Forces? _____
5. Do you own an Automobile? _____
6. Is your vehicle currently licensed and insured? _____
7. Will more than one member of your family use the automobile? _____
8. Is your automobile used primarily for work? _____
9. Is your automobile used primarily for school? _____
10. Is your automobile used primarily for medical appointments? _____
11. Are you a Senior Citizen? _____
12. Are you a College Student? _____
13. Do you have a Disability? _____
14. Do you travel more than 1 mile (roundtrip) per day to address your needs? _____
15. Is your gross personal income (single's only) at or below \$16,900.00 per year? _____

NOTE: If you answered NO to questions 1,2,5,6 and 15, we're sorry but you do not qualify for our gasoline grant assistance program. Please do not attempt to complete or forward the Grant Application portion of this document. Thank you.

**FREE GAS USA, INC.
GASOLINE GRANT APPLICATION FORM**

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell Phone: (____) _____

AGENCY REFERRAL INFORMATION*

Agency Name: _____

Contact Person: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Ext. _____

***Note: Referral agency must be a Church, Salvation Army or State Welfare Organization.**

FAMILY HISTORY

Family Size (Please identify all members living at the applicant's home address.)

Number of Adults _____ **Are you Married?** _____ **Are you a Senior Citizen?** _____

Number of Children _____ **Number of Disabled** _____ **Total Family Size:** _____

Do you receive Public Assistance? _____ **If yes, identify all sources (ex: food stamps, etc.):**

What was your total gross income for the last year? (Be Honest) \$ _____

If married, did you file a Joint Income Tax Return? _____

MILITARY STATUS

Are you or your spouse a member of the United States Armed Forces? _____

If yes, please identify branch: _____

Are you or your spouse a Veteran of the United States Armed Forces? _____

If yes, please identify branch: _____

Are you a Disabled Veteran of the United States Armed Forces? _____

AUTOMOBILE REGISTRATION

Vehicle Make: _____ Model: _____

VIN Number: _____ Year: _____

State License Plate No.: _____

State Driver's License Number: _____

Insurance Company: _____

PROOF OF INCOME

Please attach a copy of your most recent income tax return or other proof of income.

REFERRAL LETTER

Please attach an original Referral Letter from the Sponsoring Human Service Agency.

Applicant Certification of Accuracy

By signing this document, I attest that the information that I have provided for this grant is true to the best of my knowledge.

Signature

Date

PLEASE MAIL YOUR COMPLETED QUESTIONNAIRE AND GRANT APPLICATION FORMS TO:

***FREE GAS USA, INC.
P.O. BOX 2632
KALAMAZOO, MI 49003-2632***

<i>For Staff Only</i>		
Approved _____	Rejected _____	Staff Name _____
Staff Signature _____		
Date: _____	Fuel Card Brand Issued _____	
Denomination of Card _____		