



2017 Vehicle Application

Contact Information

Full Name _____ Phone _____

Street Address _____

City _____ PA Zip Code _____ Length of time at Address _____

Email _____

Birthdate _____

Gender: _____ Male _____ Female

Ethnicity:

- Black/African American
- White/Caucasian
- Hispanic
- Multi-Racial
- Middle Eastern
- Asian
- Native American
- Other

1. Complete your application, please ensure you have answered all questions on this form.
2. Attach proof of four (4) weeks' income (ex. copies of your most recent pay stubs or tax return).
3. Mail or email application to:

Georgiana Gamberoni
 Forbes Road Career and Technology Center
 607 Beatty Road
 Monroeville, PA 15146

Email: georgianag@forbesroad.com

School District You Reside in: _____

<p>Military Veteran?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Is there a vehicle in your household?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Education</p> <p><input type="checkbox"/> Some high school</p> <p><input type="checkbox"/> High school graduate</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> Some college</p> <p><input type="checkbox"/> College graduate</p>	<p><input type="checkbox"/> Technical school</p> <p><input type="checkbox"/> Masters degree</p> <p><input type="checkbox"/> Doctorate degree</p> <p><input type="checkbox"/> Other</p>
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<p>Individual Income</p> <p><i>Proof of employment <u>must</u> be included with your application (ex. 4 weeks' of pay stubs)</i></p> <p>Employment Status</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Unemployed</p> <p>Occupation _____</p> <p>Pay rate \$ _____</p> <p>Employer _____</p> <p>Employer's phone _____</p> <p>May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Employer's address _____</p> <p>Length of time on the job _____</p> <p>Hours per week _____</p>	<p>Household</p> <p># of people living in your household _____</p> <p>First names - birthdates of people in your household</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Household income from the following sources</p> <p>Child Support _____</p> <p>SSI _____</p> <p>Unemployment _____</p> <p>Worker's Compensation _____</p> <p>Pension _____</p> <p>Social Security _____</p> <p>Disability _____</p> <p>Public Assistance (TANF) _____</p>
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