

AGENCY NAME PROGRAM NAME

Vehicle Assessment

Participant _____

Household member(s) planning to enroll in vehicle program(s):

The purpose of this assessment is to determine whether the individual(s) named above are likely to be ready to purchase a vehicle by the end of X DATE, based on his/her current situation.

AGENCY NAME recognizes that the information provided is not a guarantee, but simply an educated assessment based on information available to the Program Coordinator at this time.

___ Documentation is provided to show necessity of vehicle for employment and/or education

___ It appears unlikely that the individual(s) named above will be ready and able to begin a post-secondary program by X DATE.

In order to help the participant set a realistic savings goal, please provide the following:

Estimated amount participant is expected to need for vehicle before X DATE.

\$ _____.

Issues to be Addressed:

___ Credit Score

___ Drivers License ___ Other (please list)

Signed _____ Date _____

(Program Coordinator)