



5421 Riverbluff Parkway, N. Charleston, SC 29420  
843.266.6328 | www.riverbluff.org

### REQUEST FOR DONATED CAR

Today's Date \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Area Code & Phone: DAY \_\_\_\_\_ EVE \_\_\_\_\_

Number in immediate family \_\_\_\_\_

Names and ages of any children

\_\_\_\_\_  
\_\_\_\_\_

Able To Drive Stick Shift (Yes or No)? \_\_\_\_\_ Number of Miles to Work \_\_\_\_\_

How are you meeting your transportation needs now?

\_\_\_\_\_

How did you hear about the CARS Ministry (friend, church member, etc.)?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Other (Riverbluff website, at Riverbluff Church, etc.)

\_\_\_\_\_

References:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Monthly income: \_\_\_\_\_

How much money can you budget per month for:

Car Insurance? \_\_\_\_\_ Gas? \_\_\_\_\_ Maintenance and Repair: \_\_\_\_\_

Are you familiar with the maintenance requirements of a car? \_\_\_\_\_

What type of vehicle would best suit your needs (sedan, mini-van, suv, truck)? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_ Can you provide proof of insurance when needed? \_\_\_\_

Are you involved in community service activities? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently involved in a church? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Tell us about your needs and situation. All information you provide is strictly confidential.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**An agreement with Riverbluff Church CARS Ministry**

I understand that the CARS ministry of Riverbluff Church will attempt to assist me in addressing my current need and that this service is offered without charge or obligation. I also understand that my request will be kept on file for one year and that **completion of this form does not guarantee that a vehicle will be provided.**

I understand that my references may be contacted as part of the selection process. All my personal information will be kept confidential and will only be used to determine my eligibility for the CARS ministry program.

\_\_\_\_\_  
Signature Date

**FOR MINISTRY USE**

**Date form received** \_\_\_\_\_ **Received by** \_\_\_\_\_ **Reviewed by** \_\_\_\_\_

**Individual approved for car** \_\_\_\_\_ **(date)**

**Comments** \_\_\_\_\_

**Car received: Date:** \_\_\_\_\_

**Year** \_\_\_\_\_ **Make/model** \_\_\_\_\_ **Stock #** \_\_\_\_\_