



**APPLICATION | Rebuilding Wheels Rebuilding Lives**

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about the Rebuilding Wheels Rebuilding Lives program? \_\_\_\_\_

Do you have a valid Ontario driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_

Can you drive a stick shift?  Yes  No

Are there others in your household licensed to drive?  Yes  No  Yes  No

**HOUSEHOLD MEMBERS** (including applicant)

Name	Relationship to applicant	Date of Birth	Valid Driver's License
	self		

*If additional space is needed for family members, please use the back of this page.*

Do any household members own a car, van or truck?  Yes  No

If yes, name of person: \_\_\_\_\_

Do you have access to this vehicle?  Yes  No

Do you have the financial means to maintain a vehicle and pay for insurance, gas and vehicle maintenance?  
 Yes  No

Please explain why you need a donated vehicle:

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

---

---

## HOUSEHOLD INCOME AND EXPENSES

Your income and expense information must be completed accurately. Items below are on a **monthly basis**.

Take Home Wages/Salary (after taxes) \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_  
(Only include if you are sure to receive it every month)

Ontario Works/ODSP \$ \_\_\_\_\_

Other Income (list on lines below)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL OF ALL INCOME LISTED ABOVE \$ \_\_\_\_\_

Upon completion of the application please submit by choosing one option below:

- Deliver or Mail to Family Services Windsor-Essex
- 1770 Langlois Ave., Windsor, Ontario, N8X 4M5.
- Fax: 519-256-5258; Attention: Customer Care Department
- E-mail: [info@fswe.ca](mailto:info@fswe.ca)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

If you require assistance completing this form, please contact Family Services Windsor-Essex at 519-966-5010.