



2733 E. Battlefield, Suite 332 Springfield, MO 65804

USED CAR ASSISTANCE QUESTIONNAIRE

** Required information*

Name* _____ Social Security Number _____

Address* _____

Best number to reach by phone* _____

Driver License number* _____

Employer* _____

Hours worked per week* _____

Monthly income

Please answer all that applies to your family:

Wages _____ SSI _____

TANIF _____ SS _____

Food stamps _____ Disability _____

Child support _____ Unemployment _____

Veterans _____ Other _____

Please answer the following question: How will a car better your life?*

Monthly expenses (list below)*
