



www.wilco.org/aircheck  
airchecktexas@wilco.org  
219 Perry Mayfield Blvd.  
Leander, Texas 78641  
Toll free 1(800) 913-3321  
Local (512) 943-1927  
Fax (512) 943-1931

## \* Program Application Instructions

*Please Note: Applicant(s) must submit supporting documents to verify program eligibility.*

### **Section I:**

#### **Applicant(s) Information**

Enter the Vehicle Owner's Legal Name(s), Driver License Number(s), Physical address, City, State, Zip Code, P. O. Box Number (if any), contact Telephone Numbers and E-mail Address. *Note that only the vehicle owner(s) can apply for this program.*

### **Section II:**

#### **Vehicle Information and Eligibility Requirements**

In addition to the information requested on the application, please provide the following:

- Copy of current Driver License(s)
- Copy of the Williamson County Vehicle Registration Receipt. If lost or misplaced, obtain a Vehicle Inquiry Receipt from the local Williamson County Tax Office. The tax office will charge you \$2.00.
- Copy of the Vehicle Certificate of Title, for replacement applications only.
- For *Replacement Assistance*, submit a copy of the Current Vehicle Inspection Report (if available)
- For *Repair Assistance*, submit a copy of a Vehicle Inspection Report dated within 30 days of the postmark, fax or hand delivered receive date of the program application, indicating that the vehicle passed the safety inspection and failed the emissions inspection.

### **Section III:**

#### **Vehicle Owner Income Eligibility**

- Copy of an IRS Tax Return Transcript of the most recent year end. You may obtain an IRS Transcript by calling 1(800) 908-9946. If you don't file taxes, call 1(800) 829-1040, request a Verification of Non-filing letter.
- If you receive Social Security Income (SSI), include a copy of your benefit letter and attach the SSA Form-1099 year end statement.

OR

- If you receive any assistance from the Texas Health & Human Services Commission, include a copy of your benefit letter (Assistance includes: Temporary Assistance to Needy Families TANF, Medicaid, or Food Stamps SNAP).

**How to submit application:** Print application, fill out completely, initial, date and sign. Include supporting documents

E-mail to - airchecktexas@wilco.org  
Fax to - (512) 943-1931  
Mail to - AirCheckTexas  
219 Perry Mayfield Blvd.  
Leander, Texas 78641

**Please do not mail in original supporting documents, submit copies and original program application.**

**If you have questions, call (512) 943-1927 or e-mail airchecktexas@wilco.org**

For more program information go to [www.driveacleanmachine.org](http://www.driveacleanmachine.org)

V102011

# AirCheckTexas Repair and Retirement Assistance Program Application

Do you own this vehicle? ☐ Yes ☐ No

Is the vehicle registered in Williamson County? ☐ Yes ☐ No

Is the vehicle operational? ☐ Yes ☐ No

Completed applications with supporting documents can be submitted via fax to (512) 943-1931, or by mail to: 219 Perry Mayfield Blvd., Leander, TX 78641, or via e-mail to [airchecktexas@wilco.org](mailto:airchecktexas@wilco.org)

If you answered **NO** to any of the above questions:  You are not eligible for assistance.

**Are you applying for:** ☐ **Repair** or ☐ **Replacement** (check one)

## **Section I: Applicant(s) Information**

Applicant's Legal Name(s): \_\_\_\_\_

Applicant's Driver License Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **Section II: Vehicle Information and Eligibility Requirements**

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Model Year: \_\_\_\_\_

(Example: Make: Ford Vehicle Model: Taurus Model Year: 1996)

Vehicle Identification Number (VIN): \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Actual Odometer Reading: \_\_\_\_\_

**Required: Please submit copies of the following items in Section II and Section III.**

**Note: Missing documents will delay processing time. Additional documents may be requested.**

Proof of Vehicle Registration and Ownership:

- ☐ **Copy of current Driver License(s)**
- ☐ **Current Vehicle Inspection Report**
- ☐ **Current Williamson County Vehicle Registration Receipt or Vehicle Inquiry Receipt**
- ☐ **Vehicle Certificate of Title** (For replacement applications only)

## **Section III: Vehicle Owner Income Eligibility**

Number of Persons in household: \_\_\_\_\_

Proof of Income:

- ☐ IRS Tax Return Transcript of most recent year end
- ☐ Social Security Income (SSA 1099 Form)
- OR
- ☐ Current Benefit Letter from Texas Health and Human Services Commission

Name and amount of any other source(s) of income: \_\_\_\_\_

**Read Affidavit and Initial at the end to acknowledge it.**

**Affidavit: I hereby certify under penalty of perjury, that all the information contained herein is true, correct and complete. I acknowledge that all information given is subject to verification and/or monitoring. I authorize AirCheckTexas Repair and Retirement Assistance Program representatives to verify information needed to certify my eligibility. I certify I have read this affidavit.** \_\_\_\_\_ (Initials)

Signature of Vehicle Owner: \_\_\_\_\_ Signature of Vehicle Co-Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**In office use only**

☐ Complete Application on \_\_\_\_\_

Total annual household take-home pay: \$ \_\_\_\_\_