

RELICENSING ASSISTANCE PROGRAM APPLICATION

WE WILL NEED A COPY OF YOUR WA STATE ID AND TRIBAL ID!

NAME:

DATE:

Current address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

Zip Code:

Date of Birth:

Phone #:

Enrollment No.:

Eye Color:

Message #:

Last 4 SSN #:

Highest grade completed: _____

GED

Some College

Current College student

Artist

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Income:

Phone:

Fax:

Does your job require you to have your license?

Income Level: 0-\$10,000 11k-\$20,000 21k-\$30,000 31k-\$40,000 \$41,000+

LICENSE HISTORY

Have you tried assistance from other sources: Yes NO if yes, when:

License # or WA State ID #:

Has your license been: Suspended Revoked If so, until 20_____.

Do you know if you are eligible for a work permit? Yes NO

Do you have pending charges or warrants for your arrest? Yes NO

Estimates current court fines? \$

Date of Court?

Do you have payment arraignments set up for fines already?

How much can you afford to pay a month?

IF YOU ARE REQUESTING ASSISTANCE WITH INSURANCE, PLEASE PROVIDE AT LEAST 3 ESTIMATES

By signing this application, the client _____ (initial) gives TERO the right to obtain information on their behalf, requesting information from, but is not limited to, LIBC entities as well as from the Department of Motor Vehicles or the Department of Licensing, Whatcom County, Bellingham and/or Ferndale Court Systems. Any information gathered is to determine eligibility for assistance only.

Signature of applicant:

Date:

Office use only:

Date Received _____

Received by _____

Date entered into Database _____

Received Assistance Before: Y_____ N_____ Year: _____