

Catastrophic Illness in Children Relief Fund
Vehicle Purchase Statement

I hereby swear under the pains and penalties of perjury that: *(each parent/guardian should initial each of the four items listed.)*

- 1. ____ / ____ The vehicle was paid for by the parent/guardian. If financed, the monthly payments on the vehicle are being paid for by the parent/guardian.

- 2. ____ / ____ The vehicle is being used solely for my/our family's personal use.

- 3. ____ / ____ The vehicle was purchased because my child uses a wheelchair or requires such an extraordinary amount of equipment that it will not fit into a normal vehicle.

- 4. ____ / ____ If any other individuals, organizations or agencies have contributed to or plan to contribute toward payment of the vehicle, they are listed below. If none, please initial lines to the left, and write "NONE" in the space provided below.

Has any other individual, organization, or agency contributed toward the payment of the vehicle? If so, list all names and amounts:

Name	Amount
_____	_____
_____	_____

- 5. Please attach copy of the receipt from the vehicle purchase, if not previously submitted.

- 6. Please attach a copy of 1 cancelled check or bank statement indicating that payment was made or is being made by you.

* * *

Please be advised that we must receive the form with original signature(s), as opposed to a photocopy or fax.

* * *

Parent/Guardian #1:

Parent/ Guardian #2:

Signature

Signature

Print Full Name

Print Full Name

Date

Date