

TO SUBMIT THIS FORM

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VEHICLE PURCHASE REQUEST FORM

MUST BE SUBMITTED & APPROVED IN ADVANCE OF PURCHASE

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply):	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID Type: _____

*****DO NOT TAKE POSSESSION OF THE VEHICLE BEFORE APPROVAL FROM MPT*****

Please answer questions 1-5 and follow the steps below.

- _____ 1. Do you already own a vehicle?
→ If yes, **STOP** here and contact the Master Pooled Trust.
→ If no, please go to question 2.
- _____ 2. Are you planning to purchase a vehicle from an individual, Craigslist or other classified ad?
→ If yes, **STOP** here and contact the Master Pooled Trust.
→ If no, please go to question 3.
- _____ 3. Do you understand that the Master Pooled Trust will place a lien on the title of the vehicle and another vehicle will not be purchased for at least 5 years?
→ If no, **STOP** here and contact the Master Pooled Trust.
→ If yes, please go to question 4.
- _____ 4. Do you agree to comply with state regulations, keep the vehicle registered and inspected yearly and forward proof of insurance to the Master Pooled Trust?
→ If no, **STOP** here and contact the Master Pooled Trust.
→ If yes, please go to question 5.
- _____ 5. Do you understand all vehicle purchases are subject to the approval of the Master Pooled Trust? The Master Pooled Trust will **not** approve the purchase of luxury vehicles.
→ If no, **STOP** here and contact the Master Pooled Trust.
→ If yes, please go to number 6.

By initialing statements 6 - 10, I agree to comply with the following requirements:

- _____ 6. Complete the back of this application.
- _____ 7. Provide a copy of a Vehicle History Report for the purchase of a pre-owned vehicle.
- _____ 8. Provide a copy of the purchaser's valid driver's license.
- _____ 9. Provide proof of vehicle insurance including all vehicles and drivers covered.
→ You must provide proof that the insurance has been paid before you take possession of the vehicle.
→ Full comprehensive coverage is required.
- _____ 10. Send a signed copy of this form to the Master Pooled Trust.

ALL VEHICLE PURCHASES MUST BE APPROVED BY THE MASTER POOLED TRUST AND AFTER APPROVAL, A DISBURSEMENT REQUEST FORM MUST BE SUBMITTED.

Please allow up to 10 business days for processing. Incomplete forms will be returned to the Primary Representative.

VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE at www.thearcoftexas.org/trust-forms

*** IF ANY BLANK DOES NOT APPLY TO YOUR SITUATION, PLEASE WRITE N/A ***

VEHICLE INFORMATION

I am interested in purchasing the following vehicle:

Make (Chevy, Ford, etc.): _____ Model (Corolla, Malibu, etc.): _____ Year: _____

Dealer Name: _____ City: _____ State: _____ Zip: _____

Salesperson's Name (or owner if private sale): _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Miles: _____ Price: _____ VIN: _____

A copy of the vehicle estimate, buyer's order or purchase order must be attached.

VEHICLE MODIFICATIONS INFORMATION

Modifications: _____ Cost: \$ _____

A copy of the vehicle modification estimate must be attached.

INSURANCE INFORMATION

Insurance Company: _____

Agent Name: _____ Phone Number: _____

Estimate/Amount: _____ Monthly Every 6 Months Yearly

Attach a copy of proof of vehicle insurance.

PURCHASER INFORMATION

PURCHASER'S NAME (PLEASE PRINT): _____

Relationship of Purchaser to Beneficiary: _____

Who will be driving the vehicle? _____

Driver License State: _____ Driver License Number: _____

A copy of the purchaser's driver license must be attached.

REASON FOR REQUEST

Explain why the Master Pooled Trust should pay for the purchase of a vehicle and how the vehicle purchase will benefit the Beneficiary.

I have read, understand and answered all the questions on the Vehicle Purchase Request Form.

I agree to comply with the requirements listed on the Vehicle Purchase Request Form.

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Primary Representative: _____ DATE: _____

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