

TO SUBMIT THIS FORM
E-Mail: Trust@thearcoftexas.org
FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
Austin, Texas 78754



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: _____

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 may place a lien on the title of the vehicle?
→ 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 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.

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: _____

Please attach a copy of the vehicle estimate, buyer's order or purchase order.

VEHICLE MODIFICATIONS INFORMATION

Modifications: _____ Cost: \$ _____

Please attach a copy of the vehicle modification estimate.

INSURANCE INFORMATION

Insurance Company: _____

Agent Name: _____ Phone Number: _____

Estimate/Amount: _____ Monthly Every 6 Months Yearly

Please attach a copy of proof of vehicle insurance or estimate.

PURCHASER INFORMATION

PURCHASER'S NAME (PLEASE PRINT): _____

Relationship of Purchaser to Beneficiary: _____

Who will be driving the vehicle? _____

Driver License State: _____ Driver License Number: _____

Please attach a copy of the driver's license.

REASON FOR REQUEST

Explain the present circumstances that indicate why the Master Pooled Trust should pay for the purchase of a vehicle. State 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: _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.

YOU MAY MAKE COPIES OF THIS FORM AND DOWNLOAD IT FROM OUR WEBSITE

www.thearcoftexas.org/trust-forms