



SHARED HORIZONS

ENHANCING LIVES, PROTECTING FUTURES

Vehicle Purchase Application Packet

Managing Pooled Special Needs Trusts

Shared Horizons, Inc

4301 Connecticut Avenue, NW | Suite 140 | Washington, DC 20008
Tel: (202) 448 – 1460 | Fax: (202) 448 – 1461 | Email: info@shared-horizons.org

Vehicle Purchase Application

Purchasing a vehicle is an important investment and should not be taken lightly. Preapproval by Shared Horizons is required for all vehicle purchases. The first step to purchasing a vehicle with your trust funds is to complete the attached application materials. Your application will be reviewed and, if approved, a budget will be established based upon the balance and expected longevity of your trust. In addition to determining a budget, the trust will discuss how you will pay for ongoing expenses related to the vehicle, including but not limited to auto insurance coverage, fuel, maintenance and repairs.

Vehicle Purchase Requirements

- Shared Horizons has first right of lien for the vehicle that is purchased. A lien insures that if the vehicle is sold, the funds from the sale will be returned to the special needs trust to be used for the sole benefit of the beneficiary. If your application is approved, the attached lien must be completed and returned prior to final purchase of the vehicle.
- Shared Horizons requires the beneficiary to maintain full insurance coverage on the vehicle. If the beneficiary is unable to secure full coverage, then the vehicle will not be purchased.
- Shared Horizons will only pay for vehicles in full, based upon the budget established. We will not approve vehicle purchases where a loan is required.
- If purchasing a used vehicle, Shared Horizons requires that the vehicle be deemed a "Certified Used Vehicle." A "Certified Used Vehicle" requires that a factory-trained mechanic has inspected the vehicle to ensure it measures up to the requirements of that manufacturer's program. The dealership that's performing the certification replaces or repairs anything that's worn beyond the limits of that manufacturer's program.
- After the purchase of the home, the trust will perform annual inspections of the property to ensure proper maintenance and upkeep. _____ **(initials)**
- The trust account will be reviewed annually to ensure sufficient resources for payment of annual taxes and vehicle insurance. If, because of the review, it is determined that less than 3 years of expenses remain in the trust, options will be discussed with the Beneficiary. Options may include the sale of the property. _____ **(initials)**
- If the Beneficiary passes away, the vehicle may need to be sold. _____ **(initials)**

Acknowledgement

- I understand that Shared Horizons may, in its discretion, request a copy of my driving record for the purpose of considering this application. _____ (initials)
- I have reviewed and understand all the steps in the vehicle purchase process and agree to complete all necessary steps before Shared Horizons will consider purchasing the vehicle. _____ (initials)

I have reviewed and understand all the steps in the vehicle purchase process and agree to complete all necessary steps before purchasing a vehicle.

Name of Beneficiary/ POA/ Guardian
(Please Print)

Date

Signature of Beneficiary/ POA/ Guardian
(Please Sign)

Date

Important Notes

Please submit your completed application to the following

SHARED HORIZONS

4301 Connecticut Avenue, Suite 140, Washington, DC 20008

Phone: (202) 448 – 1460

Fax: (202) 448 – 1461

Email: info@shared-horizons.org

Incomplete forms will be returned to the beneficiary

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Vehicle Purchase Application

BENEFICIARY CONTACT INFORMATION

Beneficiary

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Applicant

Name:
(if different from Beneficiary)

Last First M.I. Relationship: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

PURCHASER INFORMATION

Who will be driving the vehicle?

Reason for the Purchase Application?

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

Miles (if used): _____ Asking Price: _____

Dealership Name: _____ Dealership Contact: _____

Dealership Phone: _____ Dealership Email: _____ Dealership Fax: _____

Dealership Address: _____
Street Address

City State ZIP Code

INSURANCE INFORMATION

Insurance Name: _____ Insurance Contact: _____

Insurance Phone: _____ Insurance Email: _____ Insurance Fax: _____

Insurance Address: _____
Street Address

City State ZIP Code

Insurance Premium: \$ _____ Monthly Payment: \$ _____ Every 6 Months: \$ _____ Yearly: \$ _____

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Financial Purchase Information

FINANCIAL PURCHASE INFORMATION

Dealership Bank Name: _____

Dealership Address: _____

Street Address

City *State* *ZIP Code*

Bank Routing Number: _____ Bank Account Number: _____

Bank Phone Number: _____ Bank Contact: _____

I certify that all the information provided in relation to this application is true, complete and accurate to the best of my knowledge.

Signature: _____ Date: _____