

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.

• Please submit your completed application to the following:

FAX: 202-448-1461

EMAIL: info@shared-horizons.org
MAIL: 4301 Connecticut Avenue, NW

Suite 310

Washington, DC 20008

• Incomplete forms will be returned to the beneficiary.

VEHICLE PURCHASE APPLICATION

DENEFICIARY NAME (PIE	ase printj		
Do you already own a ve	hicle? □ Yes □	□No	
Address			
Phone Number		Emai	I
APPLICANT NAME (If dif	ferent from the	Beneficiary)	
Relationship of Applicar	nt to the Benefi	ciary	
Who will be driving the	vehicle?		
Driver's License Informa	ation (Please at	tach a copy of the	driver's license.)
State License N	umber		
require the purchase of a	vehicle; how wi	ll the vehicle purcl	are the present circumstances which hase benefit the beneficiary.)
	VEHIC	CLE INFORMA	TION
Year	Make		Model
Miles (if used)		Asking Price	
Dealership Name			
Dealership Address			
Dealership Contact			Phone Number
Dealership Email			Fax

INSURANCE INFORMATION

Agent Name	Phone Number	
Cost	Monthly Every 6 Months Yearly	
FINAN	ICIAL PURCHASE INFORMATION	
(To be us	ed if vehicle purchase is approved.)	
Dealership Bank Name		
Dealership Bank Address		
Routing Number	Account Number	
Bank's Phone Number		
record for the purpose o I have reviewed and und	d Horizons may, in its discretion, request a copy of my driving f considering this application. Initial herelerstand all the steps in the vehicle purchase process and agree to teps before Shared Horizons will consider purchasing the vehicle.	
Signature of Applicant		
Date		

Email: info@shared-horizons.org • www.shared-horizons.org

FIRST RIGHT OF LIEN NOTICE

In accordance to Trust Laws, Shared Horizons, Inc	. Trustee of the Wesley Vinner Memorial
Trust, hereby gives notice that it has a FIRST RIGH	HT OF LIEN upon the following property
Year, Make and Model of the Vehicle:	
VIN #:	
Said property was purchased in full for A TOTAL	OF from the sub-account of
within the Wesley Vinner M	Iemorial Trust – with
being the primary owner of the vehicle.	
Should said property be sold at any time, the proceed	eds will revert back to the Trust, in full.
The DEED HOLDER(S),	
agree(s) to notify Shared Horizons' Wesley Vinner	Memorial Trust before the vehicle is sold
and will transfer all proceeds back to the Wesley V	inner Memorial Trust upon completion of
sale.	
Notary or Witness Required	
Deed Holder Signature	Date
Deed Holder Signature	Date
Witness to Deed Holder(s) Signature	Date
Witness Address	
Shared Horizons, Inc. Signature	Date

Please return this signed and properly witnessed or notarized document to:

Shared Horizons, Inc., 4301 Connecticut Avenue, NW, STE 310, WDC 20008 or emailed to ymazyck@shared-horizons.org