

**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

<b>Beneficiary:</b>	<b>Primary Rep (PR):</b>
<b>Sub-Account Number:</b>	<b>PR Phone:</b>
<b>Date:</b>	<b>PR Email:</b>
<b>Benefits</b> (✓ 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](http://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: \_\_\_\_\_

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](http://www.thearcoftexas.org/trust-forms)