Criteria for Progressive Keys to Progress Program

Veteran Recipient Criteria

- Must be able to provide a DD214
- Must fall below 200% of the federal poverty guidelines table issued by the Department of Health and Human Services
- **National Income Limits** (click “a chart with percentages of the guidelines” under “Resources” on the right side of the page.)
- Have a valid driver’s license
- Have a clean driving record – no major infractions in the past 7 years.
- Be able to insure and maintain the vehicle
- Does not own a vehicle or show a hardship with current vehicle
- One Year Income Tax
- Must be able to pass a background check

Veteran Recipient’s Legal Obligations and Liabilities

- Title transfer fees
- Pay all applicable sales tax and fees after 1yr of ownership
- Insurance coverage after the first six months of ownership

Please remember that the recipient is legally required to obtain and continue insurance coverage.
Criteria for Progressive Keys to Progress Program

Veteran’s Information *Required
Name: ________________________________

Address: ________________________________

City: __________________ State: __________ Zip: __________

Phone: __________________ Rent: __________ Own: __________

Valid Driver’s Lic. No.: ____________________

Applicant’s Date of Birth: __________ SSN: __________

Primary driver(s) in your household:

Marital Status: Single Married Separated Divorced

Excluding veteran, please list all dependents residing in the home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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<tbody>
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</table>

Do you or your spouse own a registered motor vehicle? Yes No

If yes:

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>VIN Number</th>
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</table>
Insurance information that covers your vehicle:

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<tr>
<th>Company</th>
<th>Insured</th>
<th>Policy Number</th>
<th>Policy Term</th>
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</table>

**Income:**
Veteran Monthly Income*: $______________  Spouse/Fiancé(e)/Roommate Monthly Income*: $______________

Additional Monthly Income*:

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<thead>
<tr>
<th>Type</th>
<th>Amount:</th>
<th>Type</th>
<th>Amount:</th>
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<tbody>
<tr>
<td>VA Benefits</td>
<td>__________</td>
<td>Unemployment</td>
<td>__________</td>
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<tr>
<td>Child Support (received)</td>
<td>__________</td>
<td>SSI/SSDI</td>
<td>__________</td>
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<tr>
<td>Welfare</td>
<td>__________</td>
<td>Food Stamps</td>
<td>__________</td>
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<tr>
<td>Other</td>
<td>__________</td>
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Total Monthly Income*: __________

Have you ever been convicted of a felony? Yes ______  No ______

Applicant signature confirms they understand proper stewardship requires they provide the necessary information to substantiate their request; including governmental records, income information, and current driving records. The applicant understands this information will be kept confidential. Applicant understands if they receive a vehicle through the Keys to Progress Program, Progressive Insurance Company as well as its affiliates and subsidiary companies, will not be liable for any related maintenance or upkeep of the vehicle after commencement of the ceremony. Applicant understands that background research will be conducted on potential vehicle recipients. Applicant consents to same and agrees to cooperate with any such research effort.

Veteran Applicant Signature*  
________________________________

Printed Name*  
________________________________

Date*  
________________________________

CONFIDENTIAL AND PROPRIETARY
In your own words, please tell us why you are in need of a vehicle from the Keys To Progress program; and how the vehicle will impact your life. (You may also send this in your own word processor document or email program.)

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(Please feel free to continue on back if needed)