ABOUT

THE VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM PROVIDES FINANCIAL ASSISTANCE TOWARD THE REPAIR OR REPLACEMENT OF VEHICLES THAT ARE UNABLE TO PASS CURRENT EMISSION STANDARDS.

INCOME QUALIFICATIONS

FINANCIAL ASSISTANCE CAN BE AWARDED TO INDIVIDUALS WITH HOUSEHOLD INCOMES AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES.

2020 FEDERAL POVERTY GUIDELINES

DEPENDENTS (EACH HOUSEHOLD MEMBER COUNTS AS A DEPENDENT.)	ANNUAL HOUSEHOLD INCOME		
	200%	250%	300%
1	$25,520	$31,900	$38,280
2	$34,480	$43,100	$51,720
3	$43,440	$54,300	$65,160
4	$52,400	$65,500	$78,600
EACH ADDITIONAL DEPENDENT	+$8,960	+$11,200	+$13,440

INCOME MUST BE VERIFIED USING THE ADJUSTED GROSS INCOME (AGI) REPORTED ON THE MOST RECENT FEDERAL TAX FORM.

W-2, PAYSTUBS, DISABILITY STATEMENTS, ALIMONY, AND CHILD SUPPORT COURT ORDERS ARE ALSO ACCEPTABLE.

REPAIR

FINANCIAL ASSISTANCE TOWARD REPAIR DEPENDS ONLY ON THE VEHICLE OWNER'S HOUSEHOLD INCOME.

INCOME AT OR BELOW . . . 200% . . . 100% OF REPAIR UP TO $1000

INCOME AT OR BELOW . . . 250% . . . 75% OF REPAIR UP TO $750

INCOME AT OR BELOW . . . 300% . . . 50% OF REPAIR UP TO $500

VEHICLE QUALIFICATIONS

- FAILED AN EMISSIONS TEST
- REGISTERED OR REGULARLY OPERATED IN DAVIS COUNTY
- REGISTERED IN UTAH FOR AT LEAST 12 MONTHS
- REGISTERED UNDER VEHICLE OWNER'S NAME
- NO EVIDENCE OF TAMPERING WITH EMISSIONS CONTROL SYSTEMS

HOW TO PARTICIPATE

1. SUBMIT THE INCLUDED APPLICATION
2. RECEIVE AN ASSISTANCE VOUCHER
3. SUBMIT VEHICLE TO A PARTICIPATING AUTO REPAIR FACILITY
4. AGREE TO NECESSARY REPAIRS
5. PAY REMAINING PORTION OF REPAIR BILL

REPLACEMENT

FINANCIAL ASSISTANCE TOWARD A REPLACEMENT VEHICLE DEPENDS ON THE VEHICLE OWNER'S HOUSEHOLD INCOME AND THE EMISSIONS RATING OF THE CAR PURCHASED.

INCOME AT OR BELOW . . . 200% . . . $4,000-$5,500

INCOME AT OR BELOW . . . 250% . . . $3,500-$5,000

INCOME AT OR BELOW . . . 300% . . . $3,000-$4,500

VEHICLE QUALIFICATIONS

APPLICANT'S VEHICLE	PURCHASED VEHICLE
MODEL YEAR 2003 OR OLDER	CURRENT OR 4 PREVIOUS MODEL YEARS
FAILED AN EMISSIONS TEST WITHIN LAST 30 DAYS	FEDERAL TIER 2 BIN 5 OR CLEANER
REGISTERED OR REGULARLY OPERATED IN DAVIS COUNTY	ODOMETER READING LESS THAN 70,000 MILES
REGISTERED IN UTAH FOR AT LEAST 12 MONTHS	PURCHASED THROUGH A PARTICIPATING DEALERSHIP
DRIVEN TO A PARTICIPATING DEALERSHIP	COST NO MORE THAN $35,000 BEFORE TAX, TITLE, AND LICENSING

HOW TO PARTICIPATE

1. SUBMIT THE INCLUDED APPLICATION
2. RECEIVE AN ASSISTANCE VOUCHER
3. SUBMIT VOUCHER AND OLD VEHICLE TO A PARTICIPATING DEALERSHIP
4. PURCHASE A QUALIFYING VEHICLE
5. PAY OFF REMAINING PORTION OF VEHICLE PURCHASE

VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM

PLEASE BRING COMPLETED APPLICATION, INCOME VERIFICATION, AND DOCUMENTATION OF A FAILED EMISSIONS TEST TO THE DAVIS COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES DIVISION, 22 S. STATE ST., CLEARFIELD, UT 84015.

REGISTERED OWNER INFORMATION

VEHICLE OWNER NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

VEHICLE INFORMATION

VEHICLE MAKE: _____ MODEL: _____ YEAR: _____ ODOMETER: _____

VEHICLE IDENTIFICATION NUMBER: _____ LICENSE PLATE: _____

ADDITIONAL INFORMATION

I AM APPLYING FOR ...

☐ VEHICLE REPAIR ASSISTANCE ☐ VEHICLE REPLACEMENT ASSISTANCE

COMPLETE THE NEXT QUESTION **ONLY** IF APPLYING FOR VEHICLE **REPLACEMENT** ASSISTANCE.

☐ I CERTIFY THAT IF IT WERE NOT FOR THIS FUNDING ASSISTANCE I WOULD HAVE RETAINED MY VEHICLE FOR AT LEAST THREE (3) MORE YEARS.

SIGNATURE REQUIRED

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, ACCURATE, AND TRUE. I UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION AND/OR ATTACHMENTS MAY RESULT IN TERMINATION FROM OR DENIAL OF APPLICATION FOR THE VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM. I ACKNOWLEDGE THAT ALL INFORMATION GIVEN IS SUBJECT TO VERIFICATION.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

FAILED EMISSIONS INSPECTION? ☐ YES ☐ NO **DATE:** _____

REGISTERED IN UTAH FOR ≥12 MONTHS? ☐ YES ☐ NO **EVIDENCE OF TAMPERING?** ☐ YES ☐ NO ☐ N/A

INCOME VERIFIED BY: _____ **INCOME QUALIFICATION:** **200%** **250%** **300%**

Davis COUNTY HEALTH DEPARTMENT

Environmental Health Services Division
22 S. State St., Clearfield, UT 84015
(801) 525-5128

VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM

UCAIR UTAH CLEAN AIR PARTNERSHIP

UTAH DEPARTMENT of ENVIRONMENTAL QUALITY

Healthy Choices. Healthy People. Healthy Communities.