

CONSUMER ASSISTANCE PROGRAM APPLICATION

Para obtener una solicitud en español, llámenos al (866) 272-9642.

SECTION A: PROGRAM OPTIONS

Vehicle Retirement – Income-eligible vehicle owners may receive the following amounts to retire their vehicle:

- \$1,500 or \$2,000 (Refer to eligibility requirements options at www.bar.ca.gov.)
- \$1,350 for all others

Repair Assistance – Income-eligible vehicle owners may receive the following amounts in emissions-related repairs if their vehicle fails a biennial Smog Check inspection:

- Up to \$1,450 for 1996 or newer model year vehicles
- Up to \$1,100 for 1976 through 1995 model year vehicles

Review the complete list of eligibility requirements or apply online at www.bar.ca.gov. For questions, call (866) 272-9642.

SECTION B: APPLICANT INFORMATION

Applicant/Registered Owner Full Legal Name		Government Issued Driver's License/ ID Card Number	
Last Name	First Name	Middle Name	Suffix
Mailing Address		City	State Zip
Telephone Number		Email Address	
Co-Applicant/Joint Registered Owner Full Legal Name		Government Issued Driver's License/ ID Card Number	
Last Name	First Name	Middle Name	Suffix

SECTION C: VEHICLE INFORMATION

Vehicle Year	Vehicle Make	Vehicle Model
Vehicle Identification Number	California License Plate Number	

SECTION D: INCOME VERIFICATION*

Number of People (including yourself) Living in the Household	Gross Household Income	Monthly Yearly
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**Income verification documentation may be required for applicants applying for repair assistance or vehicle retirement amounts based on income-eligibility.*

SECTION E: APPLICANT CERTIFICATION

I/we acknowledge the information provided on this application will be used to assess and verify my eligibility for assistance and I/we may be required to provide the Bureau of Automotive Repair (BAR) additional documentation verifying my/our household income. By signing this application, I/we give consent for this information to be shared with other government agencies. I/we further understand and agree that if my/our vehicle does not meet all program eligibility requirements, it will not be allowed into the Consumer Assistance Program (CAP). I/we further understand that vehicle retirement and repair assistance can only be performed at BAR contracted facilities, and I/we may not start any repairs prior to my/our vehicle being accepted into the program.

I/we certify under the penalty of perjury under the laws of the state of California, the information provided on this application is true and correct. I/we understand submitting false information may result in criminal conviction in addition to civil penalties, and that I/we will not be eligible to receive future assistance from CAP.

Print Applicant/Registered Owner Name	Applicant/Registered Owner Signature	Date
Print Co-Applicant/Joint Registered Owner Name	Co-Applicant/Joint Registered Owner Signature	Date

**SUBMIT COMPLETED APPLICATION BY MAIL TO
BAR CAP, 10949 NORTH MATHER BOULEVARD, RANCHO CORDOVA, CA 95670**