



Tampered Diesel Truck Restoration Program Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, Fax: 801-525-5119

Vehicle Owner Information

Vehicle Owner Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Vehicle Information

Vehicle Make:

Model:

Year:

Vehicle Identification Number (VIN):

Gross Vehicle Weight Rating (GVWR):

Is this truck licensed in Utah? Yes No

License Plate:

Which, if any, emissions control devices are missing from this truck? (Known or suspected)

Which, if any, defeat parts are installed in this truck? (Known or suspected)

Affidavit and Signature – Please Sign and Date

I certify that the information provided in this application is complete, accurate and true, and that I have not received assistance under this program for any other tampered truck. I understand that falsification of this information and/or attachments may result in termination from or denial of application for the Tampered Diesel Truck Restoration Program. I acknowledge that all information given is subject to verification.

Signature of Applicant: _____

Printed Name: _____ Date: _____

Office Use Only

Owner resides in Utah nonattainment area: Yes No

Truck is model year 2005 or newer: Yes No

Proof of ownership provided: Yes No

GVWR is 14,000 lbs. or less: Yes No

Income verified by:

Income qualification: ≤200 >200

Tampered Diesel Truck Restoration Program Income Verification Form

1 – Applicant Name: _____ **Verified ID:** Yes No

2 – Total Number of household members: Adults _____ Children _____

3 – Income Verification Documents (most recent):

- | | |
|--|---|
| <input type="checkbox"/> Federal Tax Form 1040 (AGI) | <input type="checkbox"/> Social Security/Disability Documents |
| <input type="checkbox"/> W2 (Box 1) | <input type="checkbox"/> Pay Stubs |
| <input type="checkbox"/> Other: _____ | |

4 – Total Annual Income: \$ _____

Calculation Methods:

- Adjusted Gross Income (AGI) – Enter total amount as listed on **2021 Form 1040 – Line 11**
- W2 – Enter amount in Box 1 as listed. If there are multiple W2's, add all amounts in Box 1.
- Social Security Documents – Monthly benefit x 12
- Pay Stubs – Use the average of the last 2 months to calculate gross wages
 - Weekly – Gross wages x 52*
 - Bi-weekly – Gross wages x 26*
 - Bi-monthly – Gross wages x 24*
 - Monthly – Gross wages x 12*
- Alimony; Child Support Court Orders – *Use the same calculations as for Pay Stubs above*

5 – How did you hear about this program? _____

By Signing, I acknowledge that the Financial Information I have provided is accurate and complete:

Applicant Signature: _____ Date: _____

Income documentation reviewed by:

Signature: _____ Date: _____