

# Escambia County

## Real Change Automotive Assistance Assessment



### Community Partner Information

1. Name of Organization - \_\_\_\_\_
2. Your Name - \_\_\_\_\_
3. Phone Number - \_\_\_\_\_
4. Email Address - \_\_\_\_\_

### Vehicle owner Information

1. Name - \_\_\_\_\_
2. Phone Number - \_\_\_\_\_
3. Email Address - \_\_\_\_\_
4. Where are you currently staying - \_\_\_\_\_

### Vehicle Assessment

1. Where is the vehicle currently located?

\_\_\_\_\_  
\_\_\_\_\_

2. Can you prove ownership?

- YES – Please provide proof and submit with this assessment.
- NO – Unfortunately we will be unable to assist without this proof.

3. What is the intent with the vehicle?

- Fix it

- i. What issues are you experiencing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Towed

- ii. Where would you like it towed?

\_\_\_\_\_  
\_\_\_\_\_

- Junked

Owner Signature - \_\_\_\_\_ Date - \_\_\_\_\_

**Email Assessment, Proof of Ownership, and Vehicle Photos to  
homelessness@myescambia.com**