## ATHENA'S WHEELS INC

312 Kinzalow Dr. Sweetwater, TN 37874 (707) 888 2928 athenaswheels@gmail.com athenaswheels.org We have no income requirements.

We do not sell or share your information.

The items we provide are free of charge and are never to be sold. If no longer needed please donate to someone else in need.

		Applicant Inform	ation		
Full Name:			Da	Date:	
	Last	First	M.I.		
Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email_			
Equipme Requeste	nt ed:				
Condition that will benefit from equipment:					
Is any portion covered by insurance or benefits? If yes, how much?					
		Referral Information	tion		
	ationship:				
Address:					
Phone: _		Email:			
Signature of applicant or representative:					

By signing this document I am promising that the above information is true and correct. I also promise that the equipment provided will never be sold. In the event that the equipment is longer needed please return for redistribution.