

**SELF-CERTIFICATION FORM FOR MOTOR VEHICLES - CALWORKS**

**INSTRUCTIONS:** Fill out this form to tell us about all of the vehicles your family currently owns. This includes any motorized vehicle, such as motorcycles, motorized scooters, cars, and boats. If you need more space to answer the questions, please attach another sheet of paper.

NAME:		CASE NO.:
	<b>Vehicle (1)</b>	<b>Vehicle (2)</b>
Owner of vehicle		
Name of person who uses this vehicle		
Is this vehicle: • used as a home? • used for self-employment, self-support, or business? • needed to transport a disabled household member, • used to get the household's fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.
Is this vehicle used by a child under age 18 to: • go to school? • work? • training? • job search?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , you may stop, sign and date this form.
Is this vehicle a gift, donation, or family transfer? You may be asked by the county to provide proof.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gift <input type="checkbox"/> Donation <input type="checkbox"/> Family Transfer If <b>yes</b> , check the box that applies, attach proof from DMV and stop here, sign and date this form. If you do not have proof, ask the county for help.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gift <input type="checkbox"/> Donation <input type="checkbox"/> Family Transfer If <b>yes</b> , check the box that applies, attach proof from DMV and stop here, sign and date this form. If you do not have proof, ask the county for help.
Year/Make/Model		
Vehicle License Number		
Estimated value of vehicle (how much your vehicle is worth)? We call this the Fair Market Value.	\$ <input type="checkbox"/> I don't know/I need help finding out the value	\$ <input type="checkbox"/> I don't know/I need help finding out the value
How I found out the Fair Market Value	<input type="checkbox"/> For sale ads <input type="checkbox"/> Car Dealer <input type="checkbox"/> Kelly Blue Book <input type="checkbox"/> Mechanic <input type="checkbox"/> Purchase price <input type="checkbox"/> Other : _____	<input type="checkbox"/> For sale ads <input type="checkbox"/> Car Dealer <input type="checkbox"/> Kelly Blue Book <input type="checkbox"/> Mechanic <input type="checkbox"/> Purchase price <input type="checkbox"/> Other : _____
How much I owe on the vehicle	\$ <input type="checkbox"/> I don't know/I need help finding out the amount owed	\$ <input type="checkbox"/> I don't know/I need help finding out the amount owed
What I used to find the amount owed on the vehicle	<input type="checkbox"/> Last Bill <input type="checkbox"/> Lender statement <input type="checkbox"/> Estimate <input type="checkbox"/> Other : _____	<input type="checkbox"/> Last Bill <input type="checkbox"/> Lender statement <input type="checkbox"/> Estimate <input type="checkbox"/> Other : _____
Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I declare under penalty of perjury under the laws of the United States of America and the State of California that the information given on this form is true, correct and complete to the best of my knowledge.**

SIGNATURE:

DATE: