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## Wheels for Warriors Application

	Yes	No
Date:		
Name:	Do you currently have a vehicle?	
Date of Birth:	If yes, do you have valid insurance?	
Phone Number:	Do you have a valid drivers license?	
Email Address:	Employment Status:	
Mailing Address:	Annual Income:	

In the space below please describe your military service, your experience with mental health issues and/or chemical dependency, and why you feel you are the best applicant for the Wheels 4 Warriors program. The more information you are able to provide us the better, as vehicle availability is limited. All applications are strictly confidential.

Please email this completed form as well as a copy of your DD214 to [w4w@billswish.org](mailto:w4w@billswish.org).  
Both are required to be considered.

Signature:

Date:

I affirm that all information provide on this application is acurate and truthful. I understand that any misleading information will result in my application being denied.