



KEYS TO PROGRESS®

PROGRESSIVE

Criteria for Progressive Keys to Progress Program

Veteran Recipient Criteria

- Must be able to provide a DD214
- Must fall below 200% of the federal poverty guidelines table issued by the Department of Health and Human Services
- [National Income Limits](#) (click “a chart with percentages of the guidelines” under “Resources” on the right side of the page.)
- Have a valid driver’s license
- Have a clean driving record – no major infractions in the past 7 years.
- Be able to insure and maintain the vehicle
- Does not own a vehicle or show a hardship with current vehicle
- One Year Income Tax
- Must be able to pass a background check

Veteran Recipient’s Legal Obligations and Liabilities

- Title transfer fees
- Pay all applicable sales tax and fees after 1yr of ownership
- Insurance coverage after the first six months of ownership

Please remember that the recipient is legally required to obtain and continue insurance coverage.

The packet must be mailed to, or sent electronically to ofct@vfw.necoxmail.com before SEPTEMBER 1, 2019. No applications will be accepted after that date.

CONFIDENTIAL AND PROPRIETARY



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Veteran's Information

***Required**

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Rent* _____ Own* _____

Valid Driver's Lic. No.*: _____
Number State Expiration Date

Applicant's Date of Birth*: _____ SSN*: _____

Primary driver(s) in your household: _____

Marital Status*: Single Married Separated Divorced

Excluding veteran, please list all dependents residing in the home*:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you or your spouse own a registered motor vehicle*? Yes No

If yes: _____

Year Make Model VIN Number

Year Make Model VIN Number

Insurance information that covers your vehicle:

Company	Insured	Policy Number	Policy Term
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Income:

Veteran Monthly Income*: _____ Spouse/Fiancé(e)/Roommate Monthly Income*: _____
\$ _____ \$ _____

Additional Monthly Income*:

Type	Amount:	Type	Amount
VA Benefits	_____	Unemployment	_____
Child Support (received)	_____	SSI/SSDI	_____
Welfare	_____	Food Stamps	_____
Other	_____		

Total Monthly Income*: _____

Have you ever been convicted of a felony? Yes _____ No _____

Applicant signature confirms they understand proper stewardship requires they provide the necessary information to substantiate their request; including governmental records, income information, and current driving records. The applicant understands this information will be kept confidential. Applicant understands if they receive a vehicle through the Keys to Progress Program, Progressive Insurance Company as well as its affiliates and subsidiary companies, will not be liable for any related maintenance or upkeep of the vehicle after commencement of the ceremony. Applicant understands that background research will be conducted on potential vehicle recipients. Applicant consents to same and agrees to cooperate with any such research effort.

Veteran Applicant Signature*

Printed Name*
