



Electric Vehicle Replacement Assistance Application

477 23rd Street, Ogden, UT 84401

801-399-7140

www.webermorganhealth.gov/evrap

SECTION 1: APPLICANT INFORMATION – PLEASE PRINT

Vehicle Owner Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

SECTION 2: VEHICLE INFORMATION – PLEASE PRINT

Vehicle Make: _____ Model: _____ Year: _____

Vehicle Identification Number (VIN): _____ License Plate: _____

SECTION 3: INCOME ELIGIBILITY & ID VERIFICATION

Total number of household members: Adults _____ Children _____

SECTION 4: AFFIDAVIT AND SIGNATURE – PLEASE SIGN AND DATE

I acknowledge that I have received and reviewed the privacy notice as provided by the Weber Morgan Health Department. The health department collects this data in order to coordinate services. We are committed to protecting your data privacy. See <https://www.webermorganhealth.gov/about/personal-data-request-notice/>

Please provide ID, proof of being a Utah resident, and proof of income (e.g., taxes form 1040, social security benefit letter) to the health department with the application. The vehicle will need to be titled in the applicant's name, registered in Utah for at least one year and within 12 months of applying, be physically driven to the health department, and cannot have a lien (loan). Applicant will fill out a junk permit at the health department so that the vehicle can be destroyed once a replacement vehicle has been bought. The junk permit is irreversible once submitted to DMV and becomes the new vehicle title.

I certify that the information provided in this application is complete, accurate, and true. I understand that falsification of this information and/or attachments may result in termination from, or denial of the application for the Electric Vehicle Replacement Assistance Program. I acknowledge that all information given is subject to verification.

Signature: _____ Date: _____

SECTION 5: OFFICE USE ONLY

Approved / Denied by: _____ Date: _____

Assistance Percentage and Amount: _____ Applicant ID: _____