



Vehicle Repair and Replacement Assistance Program (VRRAP) Application

Air Quality Bureau, Environmental Health Division
788 East Woodoak Lane; Murray, UT 84107

Phone: 385-468-3837; Fax: 385-468-3844; HealthAir@slco.org

Section 1: Vehicle Owner Information

_____ Last Name	_____ First Name	_____ Phone Number	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Email	_____ Signature	_____ Date	

Section 2: Applicant Demographic Information (Optional)

Age: Under 30 30–44 45–54 55–64 65+ Primary Language: _____

Section 3: Vehicle Owner Income Verification

Adjusted Gross Household Income: _____ Total Number of Dependents: _____
 (W-2, tax return, pay stub, etc.) (from tax return)
Household income must be less than or equal to 300% of the [current federal poverty guideline](#) for the household size.

Section 4: Vehicle Information

Applying for: _____ Repair (2004 and newer) _____ Replacement (2003 and older)

Is this vehicle going to be registered in Salt Lake County? Yes No

Vehicle Model Year: _____ VIN: _____

How long have you owned this vehicle? _____
*Vehicle must have been registered in Utah and in your name for at least **one year** to qualify for VRRAP.*

How did you hear about VRRAP? _____

Be prepared with the following required items:

- Proof of income for the **vehicle owner(s)**
- Proof of failed emissions test

NOTE:

- VRRAP covers 50–100% of emission-related repair costs up to \$1,000 maximum (vehicles 2004 or newer) or up to \$5,500 toward a newer, cleaner vehicle (vehicles 2003 or older).
- Vehicle must be able to be driven safely to the participating dealership or repair facility.
- Vehicles must fail an emission test and, for repair, must not be tampered.
- Vehicle may only be repaired one time through the program.
- Vehicles owned or operated by a business or commercial entity are not eligible for VRRAP.
- VRRAP does not pay for repairs made prior to application approval.
- **Approved applications are valid for 90 days from the date approved.**
- Replacement program applicants certify they understand [this information about financing a vehicle](#).

HEALTH DEPARTMENT USE ONLY

Approved by: _____
 Air Quality Staff Approval Date