**Vehicle Purchase Agreement**

Make/Model/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle ID#: Purchase Date: Purchase Price:

I understand that this vehicle is being purchased for the purpose of assisting me to complete my rehabilitation plan and become employed. Therefore, as a condition of receiving this vehicle, I agree to cooperate fully with my rehabilitation plan and get a job.

I agree that while my rehabilitation case is active, I will not dispose of this vehicle without prior written approval of the counselor. If I fail to successfully complete my rehabilitation plan I agree to sell this vehicle for fair market value and convey the proceeds of that sale to Rehabilitation Services.

The vehicle will be titled in my name only. I have researched the title for this car and there are no liens against it.

I understand that Rehabilitation Services does not guarantee the ongoing operation of the vehicle. I will be responsible for all follow-up maintenance, repairs and insurance costs that are not specifically listed in my plan for employment.

 Client signature Date

 Witness signature Date