



Program Application

Date: _____

Name: _____ Female Male

Household members: *(list everyone in home including self):*

	<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Address: _____ PO Box _____
City: _____ State _____ Zip _____

Phone #: (____) _____ - _____ Message phone #: (____) _____ - _____

Marital Status: Married Divorced Separated Widowed Single

Ethnic Background: (circle one) African American American Indian Asian Caucasian
Hispanic Other: _____

Income

(Please check which applies to you or anyone living in your household):

<input type="checkbox"/> FIP	\$ _____ per month	<input type="checkbox"/> Food Stamps	\$ _____ per month
<input type="checkbox"/> Social Security	\$ _____ per month	<input type="checkbox"/> Disability	\$ _____ per month
<input type="checkbox"/> SSI	\$ _____ per month	<input type="checkbox"/> Alimony	\$ _____ per month
<input type="checkbox"/> Child Support	\$ _____ per month	<input type="checkbox"/> Child Care	\$ _____ per month
<input type="checkbox"/> Employment	\$ _____ per month	<input type="checkbox"/> Unemployment	\$ _____ per month

Employment/School *(For all people in household)*

Employer/School Name: _____

Address: _____

Supervisor's name: _____ Phone #: _____ - _____ - _____

____ Full Time ____ Part Time ____ Temporary ____ Seasonal

Hours per week: ____ Pay per hour: ____ Times: ____ am/pm to ____ am/pm

Do you have a valid Driver's License? No ___ Yes ___ Expiration Date: ___/___/___

Drivers License Number: _____

Has your license ever been revoked? No ___ Yes ___ If yes, please explain and give dates _____

Have you or anyone in your household in the last 2 years:

Been charged with a driving violation? No ___ Yes ___ If yes, please explain and give dates: _____

Been charged with an OWI? No ___ Yes ___ If yes, please explain and give dates: _____

Been charged with a violent or drug crime? No ___ Yes ___ If yes, please explain and give dates: _____

Auto Insurance

Have you ever had car insurance? No ___ Yes ___ If yes, from whom _____

What type of insurance: Regular ___ SR22 or High Risk ___

Has an insurance company ever refused you? No ___ Yes ___

Transportation

Do you or anyone else in the family currently have a vehicle? No ___ Yes ___

If yes: What is the make of the car(s)? _____

What is the model of the car(s)? _____

What year is the car(s)? _____

What's the condition of the vehicle(s): Runs well ___ Needs repair ___ Does not run ___

Explain: _____

Can you drive a manual Transmission? No ___ Yes ___

How far do you live from work/school? _____

How do you get to work/school now? _____

How much money can you afford to set aside out of your monthly household income for gas, car insurance, and repairs? \$ _____

Is there any one else in the household who also has a valid drivers license who does or will be driving the same car as you? No ___ Yes ___

If yes, whom _____ Relationship to you: _____

Drivers License #: _____ Expiration Date: ___/___/___

Explain the reason why you are needing transportation (please be specific):

If you already have a car and funds are needed to help repair your vehicle, please state your circumstance (include a copy of a recent quote for repair costs with this application):

Staff Comments:

Household Members: _____

Income: _____

Employment/School: _____

Drivers License: _____

Auto Insurance: _____

Driving/Criminal History: _____

Transportation: _____

Additional Comments: _____

*****Office Use Only*****

___ Denied Reason: _____

___ Referral To whom: _____

___ Approved For: _____ \$ _____

Check written to: _____

Funding from: _____

Waiting for receipt? Yes No How much? \$ _____ Date received: ___/___/___

Outside referral: Yes No Agency: _____

Budget counseling: Yes No

Outreach Specialist: _____