



# Car Care Program Application Checklist

Douglas and Pope County Residents Only

## Our Mission:

Promoting Independence, Restoring Hope One Car at a Time

Please Submit the Following:

### For All Applicants

- Fill out application completely and sign
- Sign the attached release form and intake form
- Copy of driver's license and significant other's driver's license (showing current address)
- Proof of residency (6 months or more in Douglas or Pope County)
- Copy of current bank account balance (if you have accounts in your name)
- Copy of pay stubs for the last 30 days (if employed), First 2 pages of tax return (if self-employed), or proof of other income
- Have a Douglas County Agency or church send a referral to the Car Care Program explaining the need and compliance with their program.
- All applicants are expected to attend a Budget & Maintenance class provided by CCP held on Car Care Saturdays as well as an Individual Action Plan (this is mandatory).

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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### For Repair Requests (must be at least 18 years old)

- Copy of title of vehicle – vehicle must be registered in your name
  - Copy of proof of insurance (This is a requirement)
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### For Car Donation Requests (must be at least 21 years old)

Please note for car donation: After all the information is received, verified, and accepted, you will be put on a waiting list. Once a car is available you will be notified. Once you are notified, you will be responsible for obtaining car insurance. Proof of insurance will need to be provided to Car Care Program.

APPLICATIONS WITH INCOMPLETE INFORMATION OR DOCUMENTATION AFTER 30 DAYS WILL BE REMOVED FROM THE WAITING LIST.



# Car Care Program Application

Douglas and Pope County Residents Only

Request is for:  Vehicle Repair  Vehicle Donation

Full Name			Home Phone	Cell Phone
Address			Email	
City, State, ZIP			MN Driver's License # Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County	How long have you lived in this County?		Have you used our program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ Type? <input type="checkbox"/> Donated <input type="checkbox"/> Repaired	
In City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Transportation Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Transportation Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language	Preferred written communication? <input type="checkbox"/> Email <input type="checkbox"/> US Mail

Marital Status?  Single  Married  Widowed  Divorced  Separated  Domestic Partnership

Are you homeless?  Yes  No

Are you a Female Head of Household?  Yes  No Are you able to drive a manual shift vehicle (Stick)?  Yes  No

(Definition: a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent's financial support.)

Is anyone receiving financial assistance?  Yes  No If Yes, Type?  MFIP/DWP  SNAP  MA  WIC  SSI  Other

If yes, is anyone currently in sanction?  Yes  No Are you currently on probation?  Yes  No

Have you ever had your Driver's License Suspended/Revoked?  Yes  No

Are you currently  Employed  Looking for Work How many hours per week \_\_\_\_\_

## LIST ALL HOUSEHOLD MEMBERS, STARTING WITH YOURSELF

Full Name	Date of Birth	SSN	Sex	US Citizen Y/N	Race	Hispanic Y/N	Veteran Y/N	Disability Y/N	Mental Illness Y/N	Has Income Y/N

Race: A=Asian B=Black/African American I=American Indian/Alaska Native P=Native Hawaiian/Pacific Islander W=White/Caucasian M=Multi Race O=Other

## VEHICLES IN THE HOUSEHOLD

Year	Make	Model	Color	Mileage	Amount Owed

For Vehicle Repair, describe vehicle issues:

\_\_\_\_\_

My signature acknowledges that the information provided is correct, true and complete.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Car Care Program Application

## Applicant Financial Information

### Employment Income

Employer	Phone	Date Started	Hourly Wage	Hours per week	Monthly Income

**Total from Employment** \_\_\_\_\_

### Other Income

Type	Who receives	Amount per Month
Unemployment		
MFIP/DWP		
Food Support/SNAP		
SSI/RSDI/SSDI		
Child Support		
Retirement or Veterans Benefits		

**Total other Income** \_\_\_\_\_

### Expenses

Type	Amount per Month
Housing	
Electric	
Propane/Fuel	
Phone	
Cable	
Car Insurance	
Food	
Credit Cards	
Child Care	
Loans	
Other	

**Total Monthly Expenses**

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## Car Care Program

### Authorization for Release and Exchange of Information And Permission to Verify Application

I, \_\_\_\_\_, permit Car Care Program to share and verify the information to determine benefits I may be eligible for.

They can share information with:

- Douglas/Pope County Social Services
- West Central Minnesota Community Action, Inc.
- Workforce Center
- Horizon Public Health
- Love INC
- My employer \_\_\_\_\_
- Auto dealer \_\_\_\_\_
- Car insurance company \_\_\_\_\_
- Garage \_\_\_\_\_
- Other \_\_\_\_\_ (Must specify).

Data given by Douglas County, West Central Minnesota Community Action, Inc., and Rural Minnesota CEP, Inc. may include:

- Verification of sanction status
- The amount of eligibility I may be eligible for from their agency.

This data is private. The Program and the other named agencies can only give this information if they have my permission in writing. They may give data without my permission if otherwise provided by state and federal law. I understand I may refuse to release this data. If I refuse, the Car Care Program may be unable to help me resolve my crisis. Car Care Program verifies the information provided on the application is correct, true and complete. The Car Care Program verifies information through exchange of information with Douglas County agencies. The Car Care Program will verify that there are no working vehicles in the household. **This verification will be done using DMV vehicle ownership information.**

**Clients will be ineligible if they are not in compliance with other agencies collaborating with the Car Care Program.**

I hereby authorize the Car Care Program to release and exchange information pertaining to my applications and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. I authorize release and exchange of information requested for a car donation or car repair. This permission is good for one year from the date I sign it.

\_\_\_\_\_  
Signature of person authorizing release

\_\_\_\_\_  
Date

**Income Information:** Circle family size (total number in household including foster children) then, without changing rows, circle the amount listed to the right of the “family size” column that includes your total household income.

Family Size	Below Poverty Level	Above Poverty Level
1	\$24,280 or below	\$24,281 or above
2	\$32,920 or below	\$32,921 or above
3	\$41,560 or below	\$41,561 or above
4	\$50,200 or below	\$50,201 or above
5	\$58,840 or below	\$58,841 or above
6	\$67,480 or below	\$67,481 or above
7	\$76,120 or below	\$76,121 or above
8	\$84,760 or below	\$84,761 or above

More than 8	Talk to agency staff for help in determining income category for your household
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### HUD Definitions

**Female Head of Household:** a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent’s financial support.

**Senior:** a person 62 years or older.

**Severely Disabled:** If you

- 1) use a wheel chair or another special aid for 6 months or longer; or,
- 2) are unable to perform one or more functional activities (seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs, and walking), or need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating or toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); or
- 3) are prevented from working at a job or doing housework; or,
- 4) have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility, dementia or mental retardation; or,
- 5) are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

**Youth:** a person 18 years or younger.

### **For Agency use only:**

(Participant does not complete)

**Income determination for households of more than 8 members:**

Per HUD, family sizes in excess of 8 persons are calculated by adding eight percent (8%) of the four-person income limits for each additional family member. So:

- 9-person household should be 140% of the 4-person limit;
- 10-person household should be 148% of the 4-person limit;
- 11-person household should be 156% of the 4-person limit;
- 12-person household should be 164% of the 4-person limit; and so on.

If conflicting information is provided on Survey form, please explain here:

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*Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.*

All information you provide about you and your family household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only as it is required for the administration and management of this program.



# Car Care Program

## Transportation Referral

**(to be filled out by referring Agency)**

1. To refer a potential client, please complete this form and return it to Car Care Program.
2. Download Car Care Program eligibility guidelines and application from [www.carcareprogram.org](http://www.carcareprogram.org)
3. Have client complete application and attach requested documentation.
4. Assist client with application process if needed.

### Client Information

Client Name	Phone
Address	Email
City, State, ZIP	County

Client Signature Authorizing Agency Referral to Car Care Program      Date

\_\_\_\_\_

### Household Information

# of Adults	#of Dependents	Monthly Income

Check all that apply:

MFIP  MA  GA/MSA  SNAP  RSDI  SSI  Veteran/Military Benefits

Employed?  Yes  No    Hours per week: \_\_\_\_\_

Looking for employment?  Yes  No

### Referral Information

What resources does the client have to afford and maintain a vehicle?

Reason for referral?

Referred by	Agency
Title	Phone
Signature	Email