

Vehicles for Change, Inc.

A nonprofit corporation turning cars into assets for low income people so they can get and keep a job.

ELIGIBILITY GUIDELINES: APPLICATIONS FOR A CAR

Thank you for your interest in applying for a car from Vehicles for Change, Inc. **Our mission is to repair donated cars and provide them to low- income families so they may obtain or maintain employment.**

Vehicles for Change, Inc. receives donations of used cars from the community and prepares them to be “road ready” for distribution to eligible recipients. In exchange, the recipient of a car is responsible for paying a fee (\$1,100) for the car. That fee is used to replenish the car fund for future recipients.

VFC is not a used car lot. Our cars are distributed as they are received. It is our intention to provide them to families who are in desperate need of transportation. Consequently you will not get the opportunity to select your car. You are under no obligation to accept the car provided but you will not be able to get a different one from VFC.

To be eligible to receive a car from Vehicles for Change, Inc., an applicant must:

- Qualify as low income under guidelines given on page 5 of this application;
- Need a car for employment purposes;
- Have savings sufficient to cover the cost of insurance, taxes, tags and title (varies by state, approximately \$500)
- Be insurable and drug free

In addition, the program operates under the general guidelines that the recipient:

- Is currently employed full time (minimum 30 hrs per week), or has a verified offer of full time employment.
- Has a current valid state Driver’s license prior to receipt of vehicle.
- Is willing and able to take a short-term bank loan to cover costs associated with the car.
- Will attend Car Orientation program prior to receiving car.
- Is insurable and can budget the ongoing expense of car insurance.
- Does not own any other car nor have one available to you.
- Does not have any insurance violations with the department of motor vehicles
- If under age 25, has a dependent child.

PLEASE NOTE:

Distribution of cars to eligible applicants depends on the availability of cars. The process from submission of your application to receipt of a car may take from one to several months. Please be patient. Applicants/sponsoring agencies will be advised as to the status of application as they move through the selection process. Completion of this application does not guarantee that you will receive a car.

Vehicles for Change, Inc. APPLICANT DATA

Name of Applicant: _____

Address: _____
Street
City
State
Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

S.S. #: _____ Driver's License: _____

Have you ever been licensed to drive? Yes No

Can you drive a motor vehicle? Yes No

Can you drive a stick shift? Yes No
If yes, you may get a car more quickly.

Are there others in your household licensed to drive? Yes No

If yes, who are they? _____

HOUSEHOLD MEMBERS (including applicant)

Name	Relationship to applicant		
	SELF		

If additional space is needed for family members, please use the back of this page.

Do any household members own a car, van or truck? Yes No

If yes, name of person: _____

Do you have access to this vehicle? Yes No

HOUSEHOLD INCOME AND EXPENSES

Your income and expense information must be **completed accurately**. Applicants should complete this part of the application with someone from the sponsoring agency. Note that the items below are all on a monthly basis.

Net Income per Month

Take Home Wages/Salary (after taxes)

*(If you receive a check each week, multiply the amount by 52 and then divide by 12;
if you receive a check every 2 weeks, multiply your check by 26 and divide by 12)*

\$ _____

Child Support

(Only if you are sure to receive it every month)

\$ _____

Food Stamps

\$ _____

TANF or other State support

(Only if you will receive for at least 9 more months)

\$ _____

SSI (amount of monthly check)

\$ _____

Other Income (list on lines below)

\$ _____

\$ _____

TOTAL OF ALL INCOME LISTED ABOVE

\$ _____

Expenses per Month

Housing Costs

Mortgage/Rent

\$ _____

House Repairs

\$ _____

Insurance

\$ _____

Total Housing

\$ _____

Utilities (Monthly Bills)

Gas and Electric

\$ _____

Water

\$ _____

(if your water bill comes every 3 months divide by 3)

Phone (include cell)

\$ _____

Total Utilities

\$ _____

Child Care and School Expenses

Monthly Childcare Fees

\$ _____

School Materials

\$ _____

Other

\$ _____

Total Child Care and School Expenses

\$ _____

Medical Expenses (you will need to determine or estimate Medical on a monthly basis)

Doctor Visits	\$	_____
Dentists	\$	_____
Prescriptions	\$	_____
Eye	\$	_____
Total Medical Expenses	\$	_____

Transportation

<i>Car ownership Monthly Costs (only if you currently own a car)</i>	\$	_____
Car Insurance	\$	_____
Gas	\$	_____
Car Repairs	\$	_____
Monthly Cab or Bus Fare	\$	_____
Ride Payments to Friends	\$	_____
Total Transportation	\$	_____

Gifts (you will have to divide the amount by 12 to get your monthly costs)

Christmas	\$	_____
Birthday	\$	_____
Other	\$	_____
Total Gifts	\$	_____

Food - Meals and Groceries – Including Food and Non-Food Items

Lunches <i>(for your children at school or daycare or yourself at work)</i>	\$	_____
Spending on Dinners Out	\$	_____
Groceries <i>Groceries should include: Cleaning supplies, household items, toiletries, cosmetics, cigarettes</i>	\$	_____
Total Food	\$	_____

Clothing (include shoes, coats etc. : estimate monthly cost for yourself and family)

Self	\$	_____
Children	\$	_____
Total Clothing	\$	_____

Entertainment/Recreation

Cable or Dish	\$	_____
DVD Rentals	\$	_____
Vacations (divide total by 12)	\$	_____
Other	\$	_____
Total Entertainment	\$	_____

Total Expenses (add all the above items in the last column) \$ _____

Available Monthly Funds (income minus expenses) \$ _____

Have you received Cash Assistance or other benefits in the past 24 months? (Food stamps, medical assistance, POC etc.)

Yes No For how many months? _____ From which agency? _____

Money in Savings Account or Other Savings \$ _____

Note: You will need at least \$500 in savings for your first payment and your car taxes, tags and title fees.

EMPLOYMENT

Are you currently employed Yes No Number of hours per week? _____

Hours: Begin _____ am/pm End: _____ am/pm Shift 1st 2nd 3rd

Current Employer: _____

Address: _____

Contact Person: _____ Phone: _____

How long have you been employed there? _____ Position: _____

List your last three employers, your position with that employer, and the dates of the employment:

1. _____

2. _____

3. _____

If you are not currently employed, do you have a verifiable job offer? Yes No

If yes, please list the following:

Employer: _____

Address: _____

Contact Person: _____ Position: _____

How are you getting to work now? _____

How will a car allow you to become/remain self-sufficient and improve your life? You may use back of this page to write your response. _____

Income Guidelines

Applicants must be making less than the amount listed below. **Note:** the income is **annual** and **before taxes** (Gross Amount). If more than one adult lives in the household you must include their income as well.

Your Household Annual Income

Your Gross Pay per Year before taxes \$ _____

Other Income – Child Care, Food Stamps, etc. \$ _____

Income of Other Individuals in the House \$ _____

Total Household Income \$ _____

Total Number of Persons in Household _____

Your Maximum Income Level per the chart below \$ _____

Income Guidelines

Number of Persons in Household

- 1
- 2
- 3
- 4
- 5
- 6

Maximum Income Level

- \$22,000
- \$32,500
- \$37,500
- \$41,875
- \$46,250
- \$51,875

Demographical Information

Please provide the following information which will be used by authorized personnel for statistical purposes only. **This data will not impact the selection process. Vehicles for Change, Inc. does not discriminate based on race, sex, religion or national origin.**

Race (please check one only)

- White, non-Hispanic
- Black, non-Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic
- Other _____

Household Status

- Single, male head of household
- Single, female head of household
- Two adult household

Please note, the following information is more detailed than that completed on Page 2. Do not skip this section even though you have entered it previously. Failure to complete will result in application not being processed.

HOUSEHOLD MEMBERS (including applicant)

Name	Relationship to applicant	Social Security Number	Date of Birth
	SELF		

If additional space is needed for family members, please use the back of this page.

Note: Every child under 6 years old, regardless of weight, and every child weighing 40 pounds or less, regardless of age, must be secured in a U.S. DOT approved child safety seat. Children and young people up to 16 years of age must be secured in seat belts or child safety seats, regardless of their seating positions. It is strongly recommended that all children ride secured in the rear seat. Drivers and front seat passengers, regardless of their ages, are required to wear seat belts. It is strongly recommended that all occupants wear seat belts.

Number of children not living in your home: _____ Ages: _____

Are any of your children in day care? Yes No How many? _____ Hours: _____

Do any household members own a car, van or truck? Yes No

If yes, name of person: _____

Do you have access to this vehicle? Yes No

If relevant to your application, list any family members who are disabled. Give disability. (You will be required to submit medical documentation of this disability if selected) _____

Submit With Your Application - Check List

Check only if the item listed is included with your application. If the items listed are not included with your application it will not be accepted!!

- Copy of Social Security Card
- Copies of valid state drivers' license for all persons in your household.
- Verification of employment or job offer or employment program.
- Proof of disability (if appropriate).
- Proof of income (most recent month) or letter from employer on company letterhead stating income.
- Three-year driving record (to be reviewed for insurability) for everyone who is licensed to drive in your household.
- Registration record to assure that no insurance violations exist.

Submit reports with application.

Read Carefully and Sign Below

I have read the requirements as outlined on page one of this application and I meet each of the requirements necessary to qualify for a car from Vehicles for Change, Inc.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts called for is cause for the rejection of this application. Further I understand and agree that evaluation of this application does not guarantee a car from Vehicles for Change, Inc.

Signature of Subject

Date

