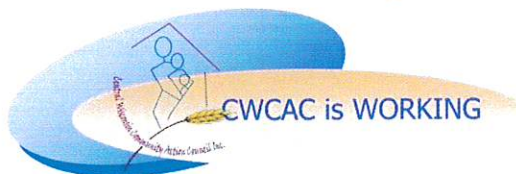


# Central Wisconsin Community Action Council, Inc.

1000 Hwy 13  
P. O. Box 430  
Wisconsin Dells, WI 53965



Phone: (608) 254-8353 ext 234

Fax: (608) 254-4327

Email: [kelly@cwacac.org](mailto:kelly@cwacac.org)

## Instructions:

1. Fill all **completely**.
2. Provide proof of additional household income:  
-Social Security, SSI, VA Benefits, Child Support, Maintenance, Etc -Copies of each that you have
3. Written Proof of Food Share (if receiving) Copy of Statement showing how much.
4. Provide proof of six (6) consecutive months at least 32 hours/week at same job letter from employer & pay stubs.
5. Provide 2 most recent months of Bank Statements (copies)
6. Proof of Valid Driver's License (copy)
7. Registration & Insurance for any current vehicles in household (copies)
8. Provide proof of residence at the same address for one (1) year. -Letter from Landlord with Contact info also
9. When you have gathered all the necessary documents please call me at 608-254-8353 Ext: 234 to set up an appointment.

## Upon approval of your application you will need the following:

1. State Sales Tax money - 5.5% (Example: on a \$5,000 loan, sales tax would be \$275.00)
2. License, Registration and Dealer fees (varies \$164.50 until Oct. 1<sup>st</sup> 2020 then \$259.50)
3. Wheels-To-Work Administrative fee: 5% + Proof of Insurance of 3 months pre-paid with:
  - Liability: State Minimum
  - Collision: \$500 Deductible
  - Comprehensive: \$500 Deductible

This all adds up to approximately \$500 - \$800 plus Insurance on Closing Day.

\*There is no interest on this loan; repayment schedule depends on the amount of the loan (up to 30 months).

AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY



COLUMBIA COUNTY

DODGE COUNTY

JUNEAU COUNTY

SAUK COUNTY

**CWCAC's Wheels-2-Work Auto Loan Program**

**1000 Hwy 13 P.O. Box 430, Wisconsin Dells, WI 53965**

**Phone: (608) 254-8353 ext. 234 Fax: (608) 254-4327**

**Request for Employment Verification**

Company or Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

*My signature authorizes verification of this information*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Still Employed: \_\_\_\_\_

Limited Term Employee: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, anticipated end date of employment: \_\_\_\_\_

**Bottom portion to be completed by the employer and faxed or emailed back to CWCAC with copies of your last 2 paystubs**

**Gross Earnings**

\$ \_\_\_\_\_ Per Hour #hours per: Week \_\_\_\_\_ Month \_\_\_\_\_

\$ \_\_\_\_\_ Salary per month

\$ \_\_\_\_\_ Commission, tips, bonus or other compensation per pay period (if variable, attach copies of paycheck stubs)

Overtime: Rate of pay per hour \$ \_\_\_\_\_ Average hours OT per: Week \_\_\_\_\_ Month \_\_\_\_\_

**Deductions-per pay period**

Health Insurance \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_ Dental Insurance \$ \_\_\_\_\_

Union Dues \$ \_\_\_\_\_ Other (explain) \$ \_\_\_\_\_

Does employee receive vacation pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Does employee receive sick pay? Yes \_\_\_\_\_ No \_\_\_\_\_

Does employee receive disability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Central Wisconsin Community Action Council, Inc. (CWCAC)  
Serving the Counties of Adams, Columbia, Dodge, Juneau & Sauk

***Wheels-2-Work Program Application***

PARTICIPANT INFORMATION					
Date of Application:		County:		Village/Township/City:	
Name: (Last)		(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver's License # / State / Expiration Date:		SS#:		Date of Birth: (MM/DD/YYYY)	
Present Address: (Street/PO Box)			(City)	(State)	(Zip)
<input type="checkbox"/> Rent/Mortgage per month: \$ _____		<input type="checkbox"/> Subsidized Housing, how much is Rent: \$ _____			
<input type="checkbox"/> House		<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Duplex	<input type="checkbox"/> Other _____
Years and/or Months at Present Address: _____					
Home Phone:		Work Phone:		Cell Phone:	
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Partner <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Family Status: <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Custodial Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> No Children					
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes, Due Date:		Other: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled			
Education: <input type="checkbox"/> 0 - 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> Grade <input type="checkbox"/> Graduated <input type="checkbox"/> GED <input type="checkbox"/> 12+ <input type="checkbox"/> 2 - 4 Year Graduate <input type="checkbox"/> Non HS Graduate					
<input type="checkbox"/> Other: (Please Explain)					
HOUSEHOLD INCOME INFORMATION					
What type of Income or Assistance do you and your family receive?					
<input type="checkbox"/> Employment Income: \$ _____		Hours Per Week: _____		@ \$ _____ per Hour	
<input type="checkbox"/> Unearned Income: \$ _____		(Monthly)		Source of Unearned Income:	
<input type="checkbox"/> Food Stamps: \$ _____		<input type="checkbox"/> Badger Care / MA		<input type="checkbox"/> SSI: \$ _____	
<input type="checkbox"/> State Disability: \$ _____		<input type="checkbox"/> Unemployment Compensation: \$ _____		<input type="checkbox"/> Other: \$ _____	
<input type="checkbox"/> Child Support: \$ _____		What County:		Name of Person Paying Child Support:	
Total Household Income: \$ _____		Private Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			
TRANSPORTATION INFORMATION					
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No If No: Current Method of Transportation:					
If Yes: Year		Make:		Model:	
Do you owe any money on the car?: <input type="checkbox"/> NO <input type="checkbox"/> YES: How Much: \$ _____		Estimated Value: \$ _____			
Total Miles on Car:					
Name and Address of the Lien Holder:					
License Plate #:		Date of Expiration:		Name if other than yourself:	
Do you have Car Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO		Type of Coverage:		Premium: \$ _____	
Name of Carrier:		Phone Number:			
Address of Carrier:					

<b>DRIVING HISTORY</b>		
Have you had any OWI's or Alcohol related citations in the past five years: <input type="checkbox"/> NO <input type="checkbox"/> YES: How Many		
It is against the Rules of the CWCAC Work-n-Wheels Program to operate a vehicle while Intoxicated; are you currently in treatment for alcohol or drug-related problems?		
Have you had any moving violations in the past: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48    or <input type="checkbox"/> 60 Months.		
Have you ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES -- Please Explain:		
One of the rules of the CWCAC Work-n-Wheels Program is that you can only own 1 vehicle. If your application for a Work-n-Wheels car loan were approved, what would you do with your present vehicle?		
Why do you need another vehicle?		
Please rank in order of importance from 1 to 7 the different uses you will have for a car with the most important use being (1) and the least important being (7): <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Medical Care Needs <input type="checkbox"/> Recreation <input type="checkbox"/> Vacation <input type="checkbox"/> Visit Relatives and Friends		
<b>EMPLOYMENT HISTORY (Please list your last 3 Employers, most recent first.)</b>		
Name of Employer:	Start Date:	End Date:
Employer's Address:	How many miles to work:	
Your Job Title/Grade:	Salary Wages:	Hours per Week:
Responsibilities:		
Reason for Leaving:		
Name of Employer:	Start Date:	End Date:
Employer's Address:	How many miles to work:	
Your Job Title/Grade:	Salary Wages:	Hours per Week:
Responsibilities:		
Reason for Leaving:		
Name of Employer:	Start Date:	End Date:
Employer's Address:	How many miles to work:	
Your Job Title/Grade:	Salary Wages:	Hours per Week:
Responsibilities:		
Reason for Leaving:		

HOUSEHOLD MEMBERS: (Other than Applicant)			
Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:			
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes – Due Date:		Relationship to Applicant:	
Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:			
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes – Due Date:		Relationship to Applicant:	
Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:			
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes – Due Date:		Relationship to Applicant:	
Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:			
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes – Due Date:		Relationship to Applicant:	
<b>REFERENCES:</b> (May be contacted to provide information if or when necessary. Relatives may not be included as a Reference)			
Name:		Relationship to Applicant:	
Address:			
Home Phone Number:		Work Phone Number:	
Name:		Relationship to Applicant:	
Address:			
Home Phone Number:		Work Phone Number:	
Name:		Relationship to Applicant:	
Address:			
Home Phone Number:		Work Phone Number:	
Name:		Relationship to Applicant:	
Address:			
Home Phone Number:		Work Phone Number:	
To the best of my knowledge all information provided is true and correct:			
Signature:		Date:	



CLIENT INTAKE APPLICATION	
Application Date	
Agency	
Center	
Case Worker	
County of Residence	

CLIENT INFORMATION	
Household Size	Family No
First Name	Other Names Used
Middle Name	Driver's License No
Last Name	SSN
Gender	Gender Identification
Birth Date	Nationality
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> Biracial/Multi-racial

CLIENT VETERAN INFORMATION	
Veteran	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes    Eligible Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL HOUSEHOLD MEMBERS					
First Name	Last Name	Gender	Birth Date	Race	Relationship

RESIDENCE INFORMATION				
Physical	Address			Unit #
	State	City		Zip
<input type="checkbox"/> SAME AS PHYSICAL ADDRESS				
Mailing	Address			Unit #
	State	City		Zip
E-Mail				<input type="checkbox"/> Place on Email List
Home Phone			Secondary Phone	
Phone Type			Additional Phone	

CLIENT EMPLOYMENT				
Employer				Phone No
	Address			
	State	City	Zip	
Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal Full-time <input type="checkbox"/> Seasonal Part-time			
Are you attending a secondary, vocational, technical or academic				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are in between terms, do you intend to return to school?				<input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT DEMOGRAPHICS - HEAD OF HOUSEHOLD			
<b>Name</b>		<b>Disability Status</b> <input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes	
<b>Education</b>		<b>Marital Status</b>	
<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Grad		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unspecified	
<b>Primary Language</b>			
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> Pacific Island <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican			
<b>Citizenship</b>		<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien - Eligible <input type="checkbox"/> Legal Alien - Ineligible <input type="checkbox"/> Undocumented	
<b>Ethnicity</b>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified	
<b>Health Insurance</b>		<input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Employment Based <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Unspecified	
CLIENT DEMOGRAPHICS - ADDITIONAL HOUSEHOLD MEMBER			
<b>Name</b>		<b>Disability Status</b> <input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes	
<b>Education</b>		<b>Marital Status</b>	
<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Grad		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unspecified	
<b>Primary Language</b>			
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> Pacific Island <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican			
<b>Citizenship</b>		<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien - Eligible <input type="checkbox"/> Legal Alien - Ineligible <input type="checkbox"/> Undocumented	
<b>Ethnicity</b>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified	
<b>Health Insurance</b>		<input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Employment Based <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Unspecified	
CLIENT DEMOGRAPHICS - ADDITIONAL HOUSEHOLD MEMBER			
<b>Name</b>		<b>Disability Status</b> <input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes	
<b>Education</b>		<b>Marital Status</b>	
<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Grad		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unspecified	
<b>Primary Language</b>			
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> Pacific Island <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican			
<b>Citizenship</b>		<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien - Eligible <input type="checkbox"/> Legal Alien - Ineligible <input type="checkbox"/> Undocumented	
<b>Ethnicity</b>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified	
<b>Health Insurance</b>		<input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Employment Based <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Unspecified	
CLIENT DEMOGRAPHICS - ADDITIONAL HOUSEHOLD MEMBER			
<b>Name</b>		<b>Disability Status</b> <input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes	
<b>Education</b>		<b>Marital Status</b>	
<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 years College Grad		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unspecified	
<b>Primary Language</b>			
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> Pacific Island <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican			
<b>Citizenship</b>		<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien - Eligible <input type="checkbox"/> Legal Alien - Ineligible <input type="checkbox"/> Undocumented	
<b>Ethnicity</b>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified	
<b>Health Insurance</b>		<input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Employment Based <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Unspecified	

[illegible]

INCOME - PRIMARY				
Source			Amount	\$
Income Interval				
<input type="checkbox"/> BI-Monthly	<input type="checkbox"/> BI-Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	
<input type="checkbox"/> One Time	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Weekly	
Other Income Interval				
INCOME - ADDITIONAL				
Source			Amount	\$
Income Interval				
<input type="checkbox"/> BI-Monthly	<input type="checkbox"/> BI-Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	
<input type="checkbox"/> One Time	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Weekly	
Other Income Interval				

### CERTIFICATION STATEMENT

**Client informed consent and release of information:** I certify that the above information is true and accurate. I also understand that should verification of any part be false, participation may be terminated. I also understand that the information contained will be held in confidence and be used to determine eligibility and program planning. This agency enters data into the CAP 60 internet-based network. This computer program has industry standard security protocols, and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency. No personally identifying information will be shared with any department in the State of Wisconsin or the Federal Government. CAP 60 is password protected.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Central Wisconsin Community Action Council, Inc. (CWCAC)  
Serving the Counties of Adams, Columbia, Dodge, Juneau & Sauk

*Wheels-2-Work  
Financial Worksheet*

Name:

Date:

County:

MONTHLY INCOME	HOW OFTEN PAID	GROSS PAY	NET PER CHECK	MONTHLY INCOME
Salary/Wages #1:				
Salary/Wages #2				
Other Income: i.e.				
Child Support, etc				
TOTAL:				

MONTHLY FIXED EXPENSES	CURRENT SPENDING MONTHLY
<b>Housing:</b>	
Rent/Mortgage Payment	
2 <sup>nd</sup> Mortgage/Home Equity Loan/Lot Rent	
Electricity/Heat (oil, gas, LP, wood)	
Telephone/Cell Phone/Pager	
Cable/Satellite/Internet	
Water/Sewer/Trash	
Property Taxes (if not in Mortgage Escrow)	
Homeowners Insurance/Renters Insurance	
Home Repair/Maintenance/Water Softener	
TOTAL:	

<b>Transportation:</b>	
Car Payment #1	
Car Payment #2	
Auto Insurance	
Auto Maintenance Repair	
License Tabs	
TOTAL:	

<b>Miscellaneous:</b>	
Clothing Purchases (Back to School/Special Trips/Spree)	
Insurance (Health/Life)	
Medical Expenses (Co Pays/Deductible/Chiro/Prescriptions)	
Day Care/Pre-School/Private School	
Tuition/Supplies/Lessons	
Membership Fees/Health Club	
Income Taxes (Payment Plan/Self Employed)	
Union Dues/Investments/Savings/Bank Fees	
Gifts/Birthdays/Holidays/Parties	
Vacation/Travel	
Other:	
TOTAL:	

<b>MONTHLY FLEXIBLE EXPENSES</b> — What do you spend monthly for the following (out-of-pocket day-to-day spending)?	<b>CURRENT SPENDING</b> (Monthly Average)
• Gasoline: gas, taxi, ride-share, bus, parking.	
• Food: groceries, dining out, work lunches, school lunches, convenience foods.	
• Household Supplies: baby supplies, paper products, laundry, clothes, discount retail stores.	
• Cash & Miscellaneous: allowances, postage, donations, tobacco, alcohol, pet supplies.	
• Entertainment: baby sitters, movies, gambling, sports, hobbies, books, magazines and FUN!	
• Other:	
<b>TOTAL:</b>	

<b>CREDITORS:</b> Credit Cards, Personal Loans, Family Debts, Medical Bills, Past-Due Taxes, Miscellaneous	<b>BALANCE</b>	<b>CURRENT MONTHLY PAYMENT</b>
<b>TOTAL:</b>		

### **PARTICIPANT ACTION PLAN / SUMMARY**

**Monthly Net Income:** (from top of page 1)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Monthly Fixed Expenses:**

Total Housing Expenses (page 1)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Transportation Expenses (page 1)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Miscellaneous Expenses (page 1)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Flexible Expenses (page 2)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditors (page 2)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Surplus/Deficit:**

(Monthly Income minus/less Monthly Expenses)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Notes / Decision:**

# Central Wisconsin Community Action Council, Inc.

Administrative Office  
1000 Hwy 13  
P. O. Box 430  
Wisconsin Dells, WI 53965



Phone: 608.254.8353  
Ext. 234  
Fax: 608.254.4327  
Email: kelly@cwacac.org

## AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

(In order for you to be considered for this program, it will be necessary for you to sign a release of information form. The reason for this is to verify residency, citizenship, employment status, income and any other sources of income or assistance.)

*I authorize any federal, state or local agency, organization, business, or individual to release to Central WI Community Action Council, Inc. information needed to complete and verify my application for participation and/or to maintain my continued assistance in CWAC's Car Loan program. I understand and agree that this Authorization for the information obtained may be given to and used in administering and enforcing rules and policies.*

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY DESIGNATED TO RELEASE/EXCHANGE INFORMATION: **For Office Use**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I understand that I have the right to inspect and receive a copy of the material disclosed and a copy of this consent form. I also understand this consent form is revocable, however, information may be released before receipt of written notice of revocation.

Participant Signature

Date

CWAC, Inc. Car Loan Mgr. Signature

Date

This consent for Release of Information will expire upon: (specify date, event or condition when it will expire)

## AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY  
1874 Hwy 13  
PO Box 647  
Friendship, WI 53934  
(608) 339-4900  
FAX: (608) 339-9400



COLUMBIA COUNTY  
203 DeWitt Street  
Portage, WI 53901  
(608) 742-3320  
FAX: (608) 742-0984

DODGE COUNTY  
134 South Spring Street  
Beaver Dam, WI 53916  
(920) 885-9559  
FAX: (920) 885-9589

JUNEAU COUNTY  
534B La Crosse St  
PO Box 253  
Mauston, WI 53948  
(608) 847-1124  
FAX: (608) 847-3009

SAUK COUNTY  
Job Center, 2nd Floor  
505 Broadway St  
Baraboo, WI 53913  
(608) 355-4812  
FAX: (608) 355-4816

# **CENTRAL WISCONSIN COMMUNITY ACTION COUCLIL INC. (CWCAC)**

## ***Wheels-2-Work***

### ***Policy Manual***

#### **1. Wheels-2-Work Program Overview**

Intl. \_\_\_\_\_

- A. The Wheels-2-Work program is a program for income eligible individuals and or families. The funding is provided by the State of Wisconsin and is administered through the Department of Transportation. The funding is awarded to selected areas through a Grant writing process.

#### **2. Wheels-2-Work Program Goals**

Intl. \_\_\_\_\_

- A. The major goal of the Wheels-2-Work program is to provide affordable transportation to employed eligible participants. The grantee will administer the program by loaning the eligible participant the money for purchasing the vehicle.

#### **3. Wheels-2-Work Program Eligibility**

Intl. \_\_\_\_\_

- A. Participants in the Wheels-2-Work program need to meet income requirements to be eligible for the program. Eligibility will be determined by using paycheck stubs & tax returns to verify economic eligibility. Birth Certificates, Social Security Cards and Drivers Licenses from all adult licensed driver family members may be required.
- B. The participant must be employed for at least six (6) consecutive months at a minimum of 32 hours per week at the same job, and show the ability to repay.
- C. Participant must provide proof of residence at the same address for one (1) year.
- D. Participant must be a resident of Adams, Columbia, Dodge, Juneau or Sauk County.
- E. If a participant becomes unemployed while involved in the program it is the participant's responsibility to inform the Program Manger and begin the search for employment immediately, as the participant will still be held responsible for monthly payments even though unemployed.
- F. Wheels-2-Work Clients may not purchase or own a second Vehicle until the first vehicle they have a loan for is paid in full.

#### **4. Background Checks**

Intl. \_\_\_\_\_

- A. The Wheels-2-Work Program Manager may perform a background check on a participant. The use of the automated Circuit Court Website will be reviewed. If the participant is found to have criminal incidents on, a credit check and or co-signer may be required.
- B. If an applicant is found to owe the State of Wisconsin money for outstanding tickets, overpayment of Unemployment Compensation, taxes, or unpaid small claims of any type the application will be denied.
- C. If participants license has been suspended or revoked the application will be denied.
- D. If false information is found on the application the applicant and his/her immediate family will be automatically be deemed ineligible for the Wheels-2-Work Program.
- E. Applicant and his/her family that are denied for any reason will not be eligible to re-apply.

## 5. Loan Process

Intl. \_\_\_\_\_

- A. The Wheels-2-Work loan is a zero percent interest loan and is scheduled to be repaid in not more than 2-1/2 years (30 payments). The participant agrees to make monthly installment payments to Central Wisconsin Community Action Program (CWCAC).
- B. The maximum amount of the loan shall be not more than Five Thousand Dollars (\$5,000.00)
- C. The participant is required to pay an administration fee of 5% to CWCAC. The participant is required to pay all of the required tax, title transfer, & license fees to the dealership, as well as provide proof of full coverage insurance to CWCA before being granted the loan.
- D. CWCAC must be listed on the title as the lien holder and on the insurance as a loss payee.
- E. The participant is required to complete a budget/financial worksheet as part of the application process. The budget will be reviewed by the Wheels-2-Work Program Manager for accuracy and used in the process to determine if the applicant has the financial ability to afford the car payments as well as the insurance. Participants will/may be required to identify a co-signer if their monthly surplus is less than program standards allow.

## 6. Required Insurance

Intl. \_\_\_\_\_

- A. Wheels-2-Work Clients are required to obtain and maintain full coverage insurance throughout the duration of the Wheels-2-Work Loan and program participation. The maximum deductible amounts are Liability State Minimum, \$500.00 for Comprehensive, \$500 for Collision. Failure to maintain required insurance will be a violation of the Wheels-2-Work Program Policy and can result in repossession of the vehicle.

## 7. Use and Operation Regulation

Intl. \_\_\_\_\_

- A. Wheels-2-Work clients are the only allowable drivers of the vehicle purchased through the Wheels-2-Work Program.
- B. Wheels-2-Work Clients must have and maintain a valid Wisconsin Driver's License in good standing.
- C. Wheels-2-Work Clients must not violate any laws, ordinance, or regulations while operating the vehicle.
- D. All passengers in the Wheels-2-Work Vehicle must wear seatbelts and children must be properly restrained.
- E. The Wheels-2-Work vehicle shall not be altered or modified in anyway.
- F. Wheels-2-Work clients must notify the Wheels-2-Work Manager within 48 hours of any damage that exceeds \$500 (client will still be liable for monthly payments on loan).

## 8. Maintenance Records

Intl. \_\_\_\_\_

- A. Wheels-2-Work Clients must follow the Wheels-2-Work recommended vehicle maintenance checklist.
- B. The Wheels-2-Work Program Manager may request a copy of the maintenance records at any time. This information must be supplied within 72 hours of the request.
- C. Wheels-2-Work Clients may not sell, trade, lease, transfer, rent, borrow or encumber the Wheels-2-Work vehicle without prior written authorization from the Wheels-2-Work Program Manager.



**9. Wheels-2-Work Client Follow-Up**

Intl. \_\_\_\_\_

- A. The Wheels-2-Work Manager may have monthly contact with Wheels-2-Work Program Clients until the loan has been paid in full. This contact may be made either in person or by telephone.
- Wheels-2-Work Clients must return Wheels-2-Work Program Manager telephone calls within 48 hours
- B. The participant will also be contacted at 6 months, 18 months and 30 months after the receipt of a vehicle for employment information. The participant agrees to provide all requested information in a timely manner. This information will include the employers, name, the wages, received and the number of hours per week working.

**10. Payments**

Intl. \_\_\_\_\_

- A. Payments are to be made to CWCAC by the agreed upon due date of each month on the payment schedule.
- B. If the payment is mailed, it must be in the form of a money order or cashier's check made out to CWCAC. If paid by personal check and the check is returned there will be a \$15 charge and personal checks will no longer be accepted from client.
- C. If payment is in the form of cash, payment must be delivered in person to CWCAC office located in Wisconsin Dells, WI, and a receipt will be issued.
- D. There will no exceptions for late payments. Payments are due into our office by the date on the payment schedule. A \$10 late fee will be charged on all overdue payments per month. All account accounts 30 days or more overdue will be subject to repossession.

**11. Repossession/Surrendering A Vehicle**

Intl. \_\_\_\_\_

- A. If a participant is convicted of Driving under the Influence or any other drinking and driving related conviction the vehicle is subject to repossession.
- B. If a Wheels-2-Work Client has any violation of the Wheels-2-Work Program Policies, the client will cooperate and willfully surrender the Wheels-2-Work vehicle to the Wheels-2-Work Program Manager.
- The Wheels-2-Work Client agrees to pay CWCAC for any and all costs and fees incurred by CWCAC in enforcing its right to the vehicle pursuant to this agreement and any other applicable law or regulation.

As a Wheels-2-Work Client, I agree to the above policy. If I purchase a vehicle through the Wheels-2-Work I will sign an ownership agreement that included the above policies. I understand that if I violate any of the policies I will be in default of my commitments and understand that the Wheels-2-Work vehicle is subject to repossession and I agree to willfully surrender the Wheels-2-Work vehicle.

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date