

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@cwccac.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 four (4) consecutive months at least 30 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 a minimum of Nine (9) months. -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. Down Payment to Dealer (2.5%-5% based on loan amount & term)
2. License, Registration and Dealer fees (\$164.50-Title, \$85.00 License, \$10 Loan file fee, \$10 UCC Lien Fee, \$38.00 Electronic File Fee) are included in loan
3. Wheels-To-Work Administrative fee: \$250 + Proof of Insurance of 2 months pre-paid with:
 - Liability: State Minimum
 - Collision: \$500 Deductible
 - Comprehensive: \$500 Deductible

This all adds up to approximately \$500 - \$700 plus Insurance on Closing Day. *There is no interest on this loan; repayment schedule depends on the amount of the loan (up to 48 months).

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, Jefferson, 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 th Grade <input type="checkbox"/> 9 th -12 th 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"/> RSDI: \$ _____
<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:		Estimated Value: \$ _____
Do you owe any money on the car? <input type="checkbox"/> NO <input type="checkbox"/> YES: How Much: \$ _____					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"/> NO		<input type="checkbox"/> YES Type of Coverage: _____		Premium: \$ _____	
Name of Carrier: _____			Phone Number: _____		
Address of Carrier: _____					

DRIVING HISTORY		
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		
EMPLOYMENT HISTORY (Please list your last 3 Employers, most recent first.)		
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:	
REFERENCES: (May be contacted to provide information if or when necessary. <i>Relatives may not be included as a Reference</i>)			
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	Central Wisconsin Community Action Council Inc
Center	Main
Case Worker	Kelly H
County of Residence	

CLIENT INFORMATION			
Household Size		Family No	
First Name		Other Names Used	
Middle Name		Driver's License No	
Last Name		SSN	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	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			
Name		Disability Status	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes
Education		Marital Status	
<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 / Non-Graduate	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> High School Grad	<input type="checkbox"/> GED	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> 12+ Some Post-Secondary	<input type="checkbox"/> 2- or 4-years College Grad	<input type="checkbox"/> Separated	<input type="checkbox"/> Unspecified
Primary Language			
<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			
Citizenship	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien – Eligible <input type="checkbox"/> Legal Alien – Ineligible <input type="checkbox"/> Undocumented		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified		
Health Insurance	<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			
Name		Disability Status	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes
Education		Marital Status	
<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 / Non-Graduate	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> High School Grad	<input type="checkbox"/> GED	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> 12+ Some Post-Secondary	<input type="checkbox"/> 2- or 4-years College Grad	<input type="checkbox"/> Separated	<input type="checkbox"/> Unspecified
Primary Language			
<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			
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Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified		
Health Insurance	<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		
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Name		Disability Status	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes
Education		Marital Status	
<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 / Non-Graduate	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> High School Grad	<input type="checkbox"/> GED	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> 12+ Some Post-Secondary	<input type="checkbox"/> 2- or 4-years College Grad	<input type="checkbox"/> Separated	<input type="checkbox"/> Unspecified
Primary Language			
<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			
Citizenship	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien – Eligible <input type="checkbox"/> Legal Alien – Ineligible <input type="checkbox"/> Undocumented		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified		
Health Insurance	<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			
Name		Disability Status	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes
Education		Marital Status	
<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 / Non-Graduate	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> High School Grad	<input type="checkbox"/> GED	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> 12+ Some Post-Secondary	<input type="checkbox"/> 2- or 4-years College Grad	<input type="checkbox"/> Separated	<input type="checkbox"/> Unspecified
Primary Language			
<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			
Citizenship	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien – Eligible <input type="checkbox"/> Legal Alien – Ineligible <input type="checkbox"/> Undocumented		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified		
Health Insurance	<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		

HOUSEHOLD DEMOGRAPHICS			
Household Type			
<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Two Parent Household	
<input type="checkbox"/> Single Person	<input type="checkbox"/> Two or More Adults (no children)	<input type="checkbox"/> Grandparents raising the Child	
<input type="checkbox"/> Extended Household	<input type="checkbox"/> Mixed Adults with Children	<input type="checkbox"/> Other	
Housing	<input type="checkbox"/> Homeless	<input type="checkbox"/> Temporary Quarters	<input type="checkbox"/> Other Permanent Housing
	<input type="checkbox"/> Rent	<input type="checkbox"/> Motel	<input type="checkbox"/> Other
	<input type="checkbox"/> Unspecified		
Homeless	<input type="checkbox"/> Certification of Homelessness	<input type="checkbox"/> Self-Certified	Date
Homeless Type			

HOUSEHOLD NEEDS		
<input type="checkbox"/> After School Program	<input type="checkbox"/> Foreclosure Counseling	<input type="checkbox"/> Weatherization & Energy Services
<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	<input type="checkbox"/> Employment & Training
<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Nutrition for the Elderly
<input type="checkbox"/> Day Care Programs	<input type="checkbox"/> Head Start	

HOUSEHOLD COMMENTS/NOTES

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, Jefferson, 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
Housing:	
Rent/Mortgage Payment	
2 nd 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:	

Transportation:	
Car Payment #1	
Car Payment #2	
Auto Insurance	
Auto Maintenance Repair	
License Tabs	
TOTAL:	

Miscellaneous:	
Clothing Purchases (Back to School/Special Trips/Sprees)	
Insurance (Health/Life)	
Medical Expenses (CoPays/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:	

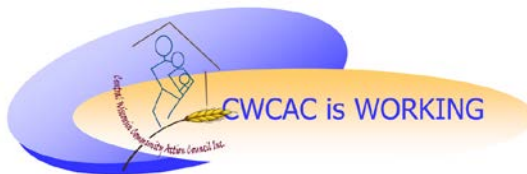
MONTHLY FLEXIBLE EXPENSES — What do you spend monthly for the following (out-of-pocket day-to-day spending)?	CURRENT SPENDING (Monthly Average)
• Gasoline: gas, taxi, ride-share, bus, parking.	
• Food: groceries, dining out, work lunches, school lunches, convenience foods.	
• Household Supplies: baby 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:	
TOTAL:	

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

PARTICIPANT ACTION PLAN / SUMMARY

Monthly Net Income: (from top of page 1)	\$	\$
	<u>Current Spending</u>	<u>Planned Spending</u>
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)	\$	\$

Program Manager Notes/Decision: (applicant does not fill out)



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 CWACAC'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

CWACAC, Inc. Car Loan Mgr. Signature

Date

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

CENTRAL WISCONSIN COMMUNITY ACTION COUCIL 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 Four (4) consecutive months at a minimum of 30 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 minimum of 9 months.
- D. Participant must be a resident of Adams, Columbia, Dodge, Jefferson, 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 will 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 CCAP 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 is 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 48 months (48 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 Eight Thousand Dollars (\$8,000.00)
- C. The participant is required to pay an administration fee of \$250 to CWCAC. The participant is required to pay a 2.5%-5% down payment to the dealership, as well as provide proof of full coverage insurance to CWCAC 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. Payment Options will be: (1) Debit/Credit Card Processing via PayPal with surcharge of 2.2% -2.9%+30¢ transaction fee per monthly payment. (2) Automatic Bill Pay through client's Lending Institution (not ACH through CWCAC). Proof of bill pay set up required with Debit/Credit backup requirement. If auto bill pay incurs an NSF you will be charged a \$25 NSF fee, and the payment will automatically be processed via debit/credit and you will lose the bill pay option for all future payments.
- C. There will no exceptions for late payments. Payments are due through 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