Central Wisconsin Community Action Council, Inc.

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

Phone: (608) 254-8353 xt234
Fax: (608) 254-4327
Email: kelly@cwcac.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 ($214.50-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 2 months pre-paid Insurance 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 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.)	❑ Male ❑ Female
Driver's License # / State / Expiration Date:	SS#:	Date of Birth:	
Present Address: (Street/PO Box)	(City)	(State)	(Zip)
❑Rent/Mortgage per month: $_____ ❑Subsidized Housing, how much is Rent: $_____ ❑House ❑Apartment ❑Mobile Home ❑Duplex ❑Other_____ Years and/or Months at Present Address: _____			
Home Phone:	Work Phone:	Cell Phone:	
Race: ❑Caucasian ❑African American ❑Native American ❑Asian ❑Hispanic ❑Other:			
Marital Status: ❑Single ❑Married/Civil Partner ❑Never Married ❑Separated ❑Divorced			
Family Status: ❑Two Parent Family ❑Single Custodial Parent ❑Non-Custodial Parent ❑No Children			
Pregnant: ❑No ❑Yes, Due Date:	Other: ❑Veteran ❑Disabled		
Education: ❑0 - 8th Grade ❑9th-12th Grade ❑Graduated ❑GED ❑12+ ❑2 - 4 Year Graduate ❑Non-HS Graduate ❑Other: (Please Explain)			
HOUSEHOLD INCOME INFORMATION What type of Income or Assistance do you and your family receive?			
❑Employment Income: $ Hours Per Week: @ $ per Hour			
❑Unearned Income: $ (Monthly) Source of Unearned Income:			
❑Food Stamps: $	❑Badger Care / MA	❑SSI: $	❑RSDI: $
❑State Disability: $	❑Unemployment Compensation: $		❑Other: $
❑Child Support: $ What County: Name of Person Paying Child Support:			
Total Household Income: $	Private Medical Insurance: ❑Yes ❑No ❑Other		
TRANSPORTATION INFORMATION			
Do you own a car? ❑Yes ❑No If **No**: Current Method of Transportation:			
If Yes: Year	Make:	Model:	Estimated Value: $
Do you owe any money on the car? ❑NO ❑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: ❑ NO	❑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: ❑NO ❑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: ❑12 ❑24 ❑36 ❑48 or ❑60 Months.		
Have you ever been convicted of a crime? ❑NO ❑YES – Please Explain:		
One of the rules of the CWCAC Wheels 2 Work Program is that you can only own 1 vehicle. If your application for a Wheels 2 Work 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): ❑Education ❑Employment ❑Grocery Shopping ❑Medical Care Needs ❑Recreation ❑Vacation ❑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.)	❑Male ❑Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: ❑Caucasian ❑African American ❑Native American ❑Asian ❑Hispanic ❑Other:			
Pregnant: ❑No ❑Yes – Due Date:		Relationship to Applicant:	
Name: (Last)	(First)	(M.I.)	❑Male ❑Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: ❑Caucasian ❑African American ❑Native American ❑Asian ❑Hispanic ❑Other:			
Pregnant: ❑No ❑Yes – Due Date:		Relationship to Applicant:	
Name: (Last)	(First)	(M.I.)	❑Male ❑Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: ❑Caucasian ❑African American ❑Native American ❑Asian ❑Hispanic ❑Other:			
Pregnant: ❑No ❑Yes – Due Date:		Relationship to Applicant:	
Name: (Last)	(First)	(M.I.)	❑Male ❑Female
Driver's License # / State / Expiration Date:		SS#:	Date of Birth: (MM/DD/YEAR)
Race: ❑Caucasian ❑African American ❑Native American ❑Asian ❑Hispanic ❑Other:			
Pregnant: ❑No ❑Yes – Due Date:		Relationship to Applicant:	

REFERENCES: (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:**

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	❑ Female ❑ Male	***Gender Identification***	
Birth Date		***Nationality***	
Race	❑ American Indian or Alaska Native ❑ Asian ❑ White ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Unspecified ❑ Biracial/Multi-racial		

CLIENT VETERAN INFORMATION			
Veteran	❑ No ❑ Unspecified ❑Yes	***Eligible Spouse***	❑ Yes ❑ No

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

RESIDENCE INFORMATION						
Physical	Address				Unit #	
	State		City		Zip	
	❑ **SAME AS PHYSICAL ADDRESS**					
Mailing	Address				Unit #	
	State		City		Zip	
E-Mail				❑ Place on Email List		
Home Phone			***Secondary Phone***			
Phone Type			***Additional Phone***			

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

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

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

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

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

HOUSEHOLD NEEDS		
❑ After School Program	❑ Foreclosure Counseling	❑ Weatherization & Energy Services
❑ Food	❑ Transportation	❑ Employment & Training
❑ Tax Preparation	❑ Emergency Services	❑ Nutrition for the Elderly
❑ Day Care Programs	❑ Head Start	

HOUSEHOLD COMMENTS/NOTES

INCOME – PRIMARY			
Source		***Amount***	**$**
Income Interval			
❑ Bi-Monthly	❑ Bi-Weekly	❑ Daily	❑ Monthly
❑ One Time	❑ Quarterly	❑ Twice a Month	❑ Weekly
Other Income Interval			

INCOME – ADDITIONAL			
Source		***Amount***	**$**
Income Interval			
❑ Bi-Monthly	❑ Bi-Weekly	❑ Daily	❑ Monthly
❑ One Time	❑ Quarterly	❑ Twice a Month	❑ 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	
2nd 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: babysitters, 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)	$	$
	Current Spending	Planned Spending
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)

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

Phone: 608.254.8353 xt 234
Fax: 608.254.4327
Email: kelly@cwcac.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 CWCAC'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

_____

CWCAC, 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 a 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 Manager 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 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 a $250 administrative fee to CWCAC. The participant must also provide a down payment of 2.5%-5% to the dealership and submit proof of full coverage insurance with two months paid prior to 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 any way.
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 $15 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 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 with the above policy. If I purchase a vehicle through the Wheels-2-Work I will sign an ownership agreement that includes 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