

SWCAP Work-n-Wheels Program Application
 Serving the Counties of: Iowa, Richland, Grant, Green, Lafayette, Sauk & Dane

Please take the time to fill out this application completely.

Return completed form to: SWCAP, 138 S Iowa St Dodgeville, WI 53533
 Any questions on the application you can call 608-935-2326 X220

Date of Application: _____ County: _____

Applicant Household Information

Applicant Name:	Social Security Number:	Birth Date:
Driver License #:	State Issued In:	Expiration Date:
Address:	City:	Zip:
Home/Cell Phone:	Work Phone:	E Mail Address:
Spouses Name (if applicable):	Social Security Number:	Birth Date:
Drivers License Number:	State Issued In:	Expiration Date:
Housing Status: <input type="checkbox"/> Rent Home <input type="checkbox"/> Own Home	Monthly Rent/Mortgage Cost: \$ _____	Length of Time Living There: Years _____ Months _____
Dwelling Type: <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____		

List the names, ages and relationship (son, daughter, niece, nephew, ect.) of all persons living in your home (do not include those listed above):

Name	Age	Relationship	Licensed Driver (Y/N)

Income Information

List all sources of income for all persons living in your home. Income includes: Gross Wages (before taxes), salaries, commissions, net income from self employment (after expenses), Social Security, SSI, Alimony, Child Support, Pensions, ect.

Name of Household Member Receiving Income	Name of Employer or List Income Source/Type	Monthly Amount	Month/Year Income Began
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Does your household receive assistance from any of the following programs? (check all that apply)

Food Stamps (amount per month \$ _____) Badger Care Subsidized Housing
 County Day Care Subsidy Other (please list) _____

Vehicle/Transportation Information (applicant only):

Do you currently own a vehicle? YES (if yes see below) NO

Vehicle Year:	Vehicle Make:	Vehicle Model:
Miles on Vehicle:	Estimated Vehicle Value: \$ _____	Registered in your name? <input type="checkbox"/> YES <input type="checkbox"/> NO
Loan Obligation on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Unpaid Loan Amount: \$ _____	Loan Payable to:
Vehicle Insured: <input type="checkbox"/> YES <input type="checkbox"/> NO	Insurance Company:	Coverage and Monthly Cost: _____ Full Coverage _____/ \$
License Plate Number:	License Expiration Date:	Licensing State:

If vehicle is not registered in your name list registrant name: _____

Provide a description of the condition and/or repair needs of the vehicle you currently own:

If this application is for a Vehicle Loan, describe what you plan to do with the vehicle you currently own:

If you do not currently own a vehicle, indicate method of transportation to and from work, school and appointments: _____

Driving History (applicant only):

DUI, OWI, or alcohol related citations in past 5 years: NO YES, please explain:

Moving vehicle violations in past 5 years: NO YES, please explain:

Other criminal/civil convictions in past 5 years: NO YES, please explain:

Please rank, using 1 as most important and 7 as least important, the value to you of the following vehicle uses:

___ Education	___ Recreation	___ Shopping	___ Vacation
___ Employment	___ Medical Appointments/Needs	___ Visiting Relatives/Friends	

Credit History—SWCAP can assist with direct program loans and guaranteed loans for auto purchase. This information is used solely to determine which level of program placement will best serve the applicant.

1. <u>Lender/Creditor Name:</u>	Original Loan Amount: \$ _____	Balance Owed: \$ _____	Monthly Payment: \$ _____
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Debt Status (check all that apply):
 Making Payments Past Due In Collection Paid in Full

2. <u>Lender/Creditor Name:</u>	Original Loan Amount: \$ _____	Balance Owed: \$ _____	Monthly Payment: \$ _____
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Debt Status (check all that apply):
 Making Payments Past Due In Collection Paid in Full

3. <u>Lender/Creditor Name:</u>	Original Loan Amount: \$ _____	Balance Owed: \$ _____	Monthly Payment: \$ _____
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Debt Status (check all that apply):
 Making Payments Past Due In Collection Paid in Full

Employment History (Applicant, list your last three Employers—list current employer first)

1. <u>Employer Name:</u>			Start Date:	End Date:
Employer Address:		City/State/Zip:		# of miles from home to work:
Job Title:		Hourly Wage/Salary:		Hours Worked per Week:
Responsibilities:			Reason for Leaving:	
2. <u>Employer Name:</u>			Start Date:	End Date:
Employer Address:		City/State/Zip:		# of miles from home to work:
Job Title:		Hourly Wage/Salary:		Hours Worked per Week:
Responsibilities:			Reason for Leaving:	
3. <u>Employer Name:</u>			Start Date:	End Date:
Employer Address:		City/State/Zip:		# of miles from home to work:
Job Title:		Hourly Wage/Salary:		Hours Worked per Week:
Responsibilities:			Reason for Leaving:	
References (May be contacted to provide information if/when necessary—Relatives may be included as reference)				
1. <u>Name:</u>			Address:	
Relationship to Applicant:			Home/Cell Number:	
2. <u>Name:</u>			Address:	
Relationship to Applicant:			Home/Cell Number:	
3. <u>Name:</u>			Address:	
Relationship to Applicant:			Home/Cell Number:	

Are you a U.S. citizen or legal alien? YES NO

I/we certify that all information contained in this application is true and complete to the best of my/our knowledge and belief.

Signature of Applicant

Date

Information you provide on this page of the application will not be used to determine your eligibility for the program assistance you are applying for. This information is used when this program/agency applies for additional program/agency funding and/or for the purpose of developing reports regarding program/agency services. All information provided is confidential and reports developed utilizing this information will not result in the disclosure of any applicant or participant's identity.

Applicant Information:	
Race/Ethnic Background—check all that apply:	
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please identify): _____	
Marital Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
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 <input type="checkbox"/> Other (please identify): _____	
Education—check all that apply:	
<input type="checkbox"/> Non H.S. Graduate <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> GED Completion <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Student (Indicate school/program attending): _____ <input type="checkbox"/> Other (please identify): _____	
Handicapped Status—check all that apply:	
<input type="checkbox"/> I am handicapped/disabled <input type="checkbox"/> A member of my household is handicapped/disabled	

Do any of these descriptions apply to you? Check all that apply.	
<input type="checkbox"/>	Trouble speaking or reading English
<input type="checkbox"/>	Employed but looking for a better job
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Laid off or unemployed due to a plant closing, permanent layoff or farm closure
<input type="checkbox"/>	Currently have limitation or impairment that affects getting or keeping a job
<input type="checkbox"/>	Currently applying for Supplemental Security/Disability Insurance (SSI/SSDI)
<input type="checkbox"/>	Have been a seasonal farm laborer or food processing worker within the past 2 years
<input type="checkbox"/>	Currently a single parent with a child under age 18: With primary custody? ___Y___N
<input type="checkbox"/>	Currently working with one or more Community Agency (please identify agency and contact):

What other kind of assistance are you in need of or interested in?			
<input type="checkbox"/>	Using Job Net or Internet for job	<input type="checkbox"/>	WIC/Nutritional Programs
<input type="checkbox"/>	Job Seeking application/interviewing)	<input type="checkbox"/>	Head Start/Pre School Programs
<input type="checkbox"/>	Help with Resume	<input type="checkbox"/>	Child Care Assistance
<input type="checkbox"/>	Exploring Different Careers	<input type="checkbox"/>	Housing Programs
<input type="checkbox"/>	Help getting a GED or HSED	<input type="checkbox"/>	Medical Assistance/Badger Care
<input type="checkbox"/>	Education Options (going back to school or refresher courses)	<input type="checkbox"/>	Food Security Programs including: Food Share/Food Stamp/Food Pantry
<input type="checkbox"/>	Information on Non Traditional Jobs	<input type="checkbox"/>	Fuel/Energy Assistance
<input type="checkbox"/>	Unemployment Insurance	<input type="checkbox"/>	Consumer/Financial Education
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other: