

**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**

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



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

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

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.

<b>Applicant Information:</b>	
<b>Race/Ethnic Background—check all that apply:</b>	
<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): _____	
<b>Marital Status:</b>	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
<b>Family Status:</b>	
<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): _____	
<b>Education—check all that apply:</b>	
<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): _____	
<b>Handicapped Status—check all that apply:</b>	
<input type="checkbox"/> I am handicapped/disabled <input type="checkbox"/> A member of my household is handicapped/disabled	

<b>Do any of these descriptions apply to you? Check all that apply.</b>	
<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):

<b>What other kind of assistance are you in need of or interested in?</b>			
<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:

# SWCAP's Work N Wheels Auto Loan Program

149 North Iowa Street, Dodgeville, WI 53533

Phone: 608 935 2326 Fax: 608 935 2876

## 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: \_\_\_\_\_

If Employer is a Temp Agency, provide placement terms or expectations: \_\_\_\_\_

**Bottom portion to be completed by the employer and faxed back to SWCAP or send copies of your last 2 paycheck stubs**

### 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: \_\_\_\_\_

**SOUTHWESTERN WISCONSIN COMMUNITY ACTION PROGRAM**

Serving the Counties of Iowa, Lafayette, Grant, Green, &amp; Richland

**Work-n-Wheels****Financial Worksheet**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ County: \_\_\_\_\_

MONTHLY INCOME	HOW OFTEN PAID	GROSS PAY	NET PER CHECK	MONTHLY NET INCOME
Salary/Wages #1:				
Salary/Wages #2:				
Other Income: such as				
Child support, etc.				
			<b>TOTAL</b>	

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 Soften	
<b>TOTAL</b>	

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

<b>Miscellaneous:</b>	
• 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:	
<b>TOTAL</b>	



# *Southwestern Wisconsin Community Action Program*

## ***Work-n-Wheels Policy Manual***

1. **Work-n-Wheels Program Overview** Intl.\_\_\_\_
  - A. The Work-n-Wheels 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. The Grant is for one year and an area may re-apply each year. There is also a funding match component involved with this grant. The program is required to become self-sustaining and the details of how this will happen must be written into the grant application. There is no guarantee that funding will be available for more than one program year.
  
2. **Work-n-Wheels Program Goals** Intl.\_\_\_\_
  - A. The major goal of the Work-n-Wheels 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 a vehicle.
  
3. **Work-n-Wheels Program Eligibility** Intl.\_\_\_\_
  - A. Participants in the Work-n-Wheels program need to meet income requirements to be eligible for the program. Eligibility will be determined by using paycheck stubs and/or tax returns to verify economic eligibility. Birth certificates, social security cards and drivers licenses from all family members may be required.
  - B. The participant must be employed and show the ability to repay.
  - C. If a participant becomes unemployed while involved in the program it is the participant's responsibility to inform the Program Manager or the Assistant of this change and to begin the search for employment immediately.
  - D. Work-n-Wheels Clients may not purchase or own a second vehicle without prior authorization from the Work-n-Wheels Mobility Manager.
    - Authorization will be granted when the owner provides documentation which adequately assures the Work-n-Wheels Client has the financial resources to own and maintain both vehicles
  
4. **Background Checks** Intl.\_\_\_\_
  - A. The Work-n-Wheels Mobility Manager or Assistant may perform a background check on a participant. The use of the automated Circuit Court website (CCAP) 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, or taxes of any type the application will be denied.
  - C. Applicants that are denied for any reason must wait a minimum of 90 days before they are eligible to re-apply.
  - D. If false information is found on the application the applicant and his/her immediate family will be automatically deemed ineligible for the Work-n-Wheels program.
  
5. **Loan Process** Intl.\_\_\_\_
  - A. The Work-n-Wheels loan is a zero percent interest loan and is scheduled to be repaid in not more than 2 ½ years (30 payments). The participant agrees to make monthly installment payments to the Southwestern Wisconsin Community Action Program (SWCAP).
  - B. The maximum amount of the loan shall be not more than five thousand dollars (\$5000)
  - C. The participant is required to pay a five percent administration fee and the required tax, title transfer and license fees to the dealership, as well as provide proof of full coverage insurance to SWCAP before being granted the loan. The five percent fee will be used to build the program to become self-sustaining.
  - D. SWCAP will be listed on the title as the lien holder and on the insurance as loss payee.
  - E. The participant is required to complete a budget as part of the application process. The budget will be reviewed by the Work-n-Wheels Mobility 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. Work-n-Wheels Clients are required to obtain and maintain full coverage insurance throughout the duration of the Work-n-Wheels loan and program participation. The maximum deductible amounts are \$500.00 for Comprehensive and \$500.00 for Collision. Failure to maintain required insurance will be a violation of the Work-n-Wheels Program Policy.



7. **Use and Operation Regulations** Intl.\_\_\_\_
- A. Work-n-Wheels clients are the only allowable drivers of the vehicle purchased through the Work-n-Wheels Program.
    - Upon request the Work-n-Wheels Mobility Manager may authorize other individuals to drive the Work-n-Wheels vehicle.
  - B. Work-n-Wheels Clients must have and maintain a valid Wisconsin Drivers License in good standing.
  - C. Work-n-Wheels Clients must not violate any laws, ordinance, or regulation while operating the vehicle.
  - D. All passengers in the Work-n-Wheels Vehicle must wear seatbelts and children must be properly restrained.
  - E. The Work-n-Wheels vehicle shall not be altered or modified in anyway without written authorization from Work-n-Wheels Mobility Manager.
  - F. Work-n-Wheels clients must notify the Work-n-Wheels Mobility Mangers within 72 hours of damage that exceeds \$500.
8. **Maintenance Records** Intl.\_\_\_\_
- A. Work-n-Wheels Clients must follow the Work-n-Wheels recommended vehicle maintenance checklist.
  - B. The Work-n-Wheels Staff may request a copy of the maintenance records at any time. This information must be supplied within 24 hours of the request.
  - C. Work-n-Wheels Clients may not sell, trade, lease, transfer, rent, borrow or encumber the Work-n-Wheels vehicle without prior written authorization from the Work-n-Wheels Mobility Manager.
9. **Work-n-Wheels Client Follow-Up** Intl.\_\_\_\_
- A. The Work-n-Wheels Staff will have monthly contact with Work-n-Wheels program clients until the loan has been paid in full. This contact may be made either in person or by telephone.
    - Work-n-Wheels Participants must return Work-n-Wheels Staff telephone calls within 72 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. **Referrals** Intl.\_\_\_\_
- A. Individuals who are not found eligible for Work-n-Wheels Services may be referred to Job Center Programs such as the Workforce Investment Act (WIA), Food Stamp Employment & Training (FSET) and other Economic Support programs.
  - B. Referrals to other community resources will be made as appropriate.
11. **Payments** Intl.\_\_\_\_
- A. Payments are to be made to SWCAP by the agreed upon due date each month.
  - B. If the payment is mailed, it must be in the form of a check or money order made out to the SWCAP. If a check is returned to SWCAP for NSF there is a \$15.00 charge and checks will not longer be accepted.
  - C. If the payment is in the form of cash, payment must be delivered in person to the Southwestern Wisconsin CAP office located in Dodgeville, WI and a receipt will be issued.
  - D. Work-n-Wheels clients are responsible to contact Work-n-Wheels Staff if a payment will be late.
  - E. Clients will be expected to develop a plan to make up the payment and how the next payment will be made.
12. **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 immediate repossession.
  - B. If a Work-n-Wheels Client has three documented violations of the Work-n-Wheels Program Policies, the client will surrender the Work-n-Wheels vehicle to the Work-n-Wheels Program Staff.
    - The Work-n-Wheels Client agrees to pay SWCAP for any cost and fees incurred by SWCAP in enforcing its right to the vehicle pursuant to this agreement and any other applicable law or regulation

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

\_\_\_\_\_  
(Client)

\_\_\_\_\_  
(Date)