

SWCAP Work-n-Wheels Program Application

Serving: Iowa, Richland, Grant, Green, Lafayette and Sauk Counties

Please take the time to fill out this application completely.

Type of Assistance Requested: Auto Loan Auto Repair:

Date of Application: _____ County: _____

Applicant Household Information

<u>Applicant Name:</u>	Social Security Number:	Birth Date:
Drivers License Number:	State Issued In:	Expiration Date:
Address:	City:	Zip:
Home/Cell Phone:	Work Phone:	E Mail Address:
<u>Spouses Name (if applicable):</u>	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:
 House Mobile Home Apartment Duplex 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? <input type="checkbox"/> YES (if yes see below) <input type="checkbox"/> 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: _____/ \$
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 most recent 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

