

SOUTHWESTERN WISCONSIN COMMUNITY ACTION PROGRAM

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

***Work-n-Wheels
Program Application***

Participant Information			
Date of Application:	County:	Village/Township/City:	
Name: (Last)	(First)	(M.I.)	<input type="radio"/> Male <input type="radio"/> Female
Drivers License # / State / Expiration Date	SS#	Date of Birth (Mo/Day/Yr)	
Present Address: (Street/PO Box)	(City)	(State)	(Zip)
<input type="radio"/> Rent/Mortgage a month: \$ _____ <input type="radio"/> Subsidized housing, how much is rent: \$ _____ <input type="radio"/> House <input type="radio"/> Apartment <input type="radio"/> Mobile Home <input type="radio"/> Duplex <input type="radio"/> Other: _____ Years and/or months at present address: _____			
Home Phone:	Work Phone:	Message Phone:	
Race:	<input type="radio"/> Caucasian	<input type="radio"/> African American	<input type="radio"/> Native American
Marital Status:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Never Married
Family Status:	<input type="radio"/> Two Parent Family	<input type="radio"/> Single Female Parent	<input type="radio"/> Single Male Parent
Pregnant:	<input type="radio"/> No	<input type="radio"/> Yes, Due Date: _____	Other: <input type="radio"/> Veteran <input type="radio"/> Disabled
Education: <input type="radio"/> 0-8 th Grade <input type="radio"/> 9 th - 12 th Grade <input type="radio"/> Graduated <input type="radio"/> GED <input type="radio"/> 12+ <input type="radio"/> 2 - 4 Year Graduate <input type="radio"/> Non HS Graduate <input type="radio"/> Other: (Please explain)			
Household Income Information		<i>Refer to and Complete Page #3</i>	
What type of income or assistance do you and your family receive?			
<input type="radio"/> Unearned income: \$ _____	Source of Unearned Income: _____		
<input type="radio"/> Employment: \$ _____	(Hourly, Weekly, Bi-Weekly, Monthly, or Yearly) (Circle One)		
<input type="radio"/> Food Stamps: \$ _____	<input type="radio"/> Medical Assistance	<input type="radio"/> SSI: \$ _____	<input type="radio"/> RSDI: \$ _____
<input type="radio"/> State Disability: \$ _____	<input type="radio"/> Unemployment Compensation: \$ _____		<input type="radio"/> Other: \$ _____
<input type="radio"/> Child Support: \$ _____	What County: _____	Name of Person Paying Child Support: _____	
Total Household Income: \$ _____	Private Medical Insurance: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other		
Transportation Information			
Do you own a car?			
<input type="radio"/> No: Method of Transportation: _____			
<input type="radio"/> Yes: Year: _____ Make: _____ Model: _____ Estimated Value: \$ _____			
Do you owe any money on the car: <input type="radio"/> No <input type="radio"/> Yes: How much: \$ _____ Total miles on Car: _____			
Name and address of the person holding the lien: _____ _____			
License Plate #: _____ Date of Expiration: _____ Name: _____			
Who has possession of the title: <input type="radio"/> Lien Holder <input type="radio"/> Yourself <input type="radio"/> Other: _____			
Do you have insurance: <input type="radio"/> No <input type="radio"/> 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 SWCAP 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 Mos 24 Mos 36 Mos 48 Mos 60 Mos

Have you ever been convicted of a crime: No Yes Please explain: _____

Do you have any points against current driver's license: No Yes How many points? _____

One of the rules of the SWCAP Work-n-Wheels Program is that you can only own 1 vehicle. If your application for a SWCAP 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): Education Recreation Grocery Shopping Vacation

Employment Medical Care Needs Visit Relatives and Friends

Employment History

Name of Employer: _____ Start Date: _____ End Date: _____

Employer's Address: (Street/PO Box, City, State, & Zip) _____ How many miles to work: _____

Your Job Title/Grade: _____

Responsibilities: _____

Salary Wages: _____ Hours per week: _____

Reason for Leaving: _____

Name of Employer: _____ Start Date: _____ End Date: _____

Employer's Address: (Street/PO Box, City, State, & Zip) _____ How many miles to work: _____

Your Job Title/Grade: _____

Responsibilities: _____

Salary Wages: _____ Hours per week: _____

Reason for Leaving: _____

Name of Employer: _____ Start Date: _____ End Date: _____

Employer's Address: (Street/PO Box, City, State, & Zip) _____ How many miles to work: _____

Your Job Title/Grade: _____

Responsibilities: _____

Salary Wages: _____ Hours per week: _____

Reason for Leaving: _____

Household Members

Name: (Last)	(First)	(M.I.)	<input type="radio"/> Male <input type="radio"/> Female
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Drivers License # / State / Expiration Date	SS#	Date of Birth (Mo/Day/Yr)
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Race: Caucasian African American Native American Asian Hispanic
Pregnant: No Yes – Due Date: _____ Relationship to Applicant: _____

Name: (Last)	(First)	(M.I.)	<input type="radio"/> Male <input type="radio"/> Female
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Race: Caucasian African American Native American Asian Hispanic
Pregnant: No Yes – Due Date: _____ Relationship to Applicant: _____

References: (May be contacted to provide information if or when necessary)

Name: _____ Relationship to Applicant: _____
Address: _____
Home Phone Number: _____ Work Phone Number: _____

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Home Phone Number: _____ Work Phone Number: _____

To the best of my knowledge all information provided is true and correct: _____
Signature Date