

Wheels for Work Application

First Name	MI	Last Name	Date of Application	Social Security Number	
Email Address			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Current Age
Driver's License Number		Expiration Date	Marital Status	Maiden Name (If applicable)	
Street Address			City	State	Zip Code
Mailing Address (if different)			City	State	Zip Code
Home Telephone Number	Alternate Contact Number		Wisconsin Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Qualified Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration Number		
<p>You do not have to provide your Ethnicity or Race, but it will help determine compliance with the Federal Civil Rights Act of 1964. Your answer will not affect your application.</p> <p>Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American</p>					
Family Size: # of Adults ____ # of Children ____			Are you the parent of a child(ren) under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a non custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MISCELLANEOUS

Have you applied for this program (Wheels for Work) in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you receive a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever received assistance from any other Western Dairyland programs? (Check all that apply.)</p> <p><input type="checkbox"/> RENEW <input type="checkbox"/> Skills Enhancement <input type="checkbox"/> Homeless Haven <input type="checkbox"/> Crisis Energy Assistance <input type="checkbox"/> Rental Assistance</p> <p><input type="checkbox"/> Foreclosure Intervention <input type="checkbox"/> Head Start <input type="checkbox"/> Childcare Food Program <input type="checkbox"/> Other: _____ <input type="checkbox"/> No</p>	
<p>What is your highest level of education?</p> <p><input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Other _____</p>	
<p>Do you own or rent your home?</p> <p style="text-align: center;"><input type="checkbox"/> Own <input type="checkbox"/> Rent</p>	

CURRENT EMPLOYMENT

Name of Employer			Start Date
Employer's Address (Street/P.O. Box, City, State & Zip Code)			
Employer Phone Number	Average hours per week worked	Salary/Wages per Hour	Miles to work (each way)
Job Title		Supervisor's Name	
Satisfaction with employment (check all that apply)			
<input type="checkbox"/> Enjoy <input type="checkbox"/> It's O.K. <input type="checkbox"/> Dislike <input type="checkbox"/> Seeking New Employment <input type="checkbox"/> In School/Training for a Better Job			
Please Explain: _____			

PREVIOUS EMPLOYMENT

Name of Employer		Dates of Employment
Employer's Address (Street/P.O. Box, City, State & Zip Code)		Miles to work (each way)
Employer Phone Number:	Average hours per week worked	Salary/Wages per Hour
Job Title		Supervisor's Name
Reason for leaving: _____		

VEHICLE/TRANSPORTATION INFORMATION

<p>Do you possess a valid Wisconsin driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you own any vehicles?</p> <p><input type="checkbox"/> No, method of transportation _____</p> <p><input type="checkbox"/> Yes, Year: _____ Make: _____ Model: _____</p> <p>Total Miles: _____ VIN# _____</p> <p>License Plate #: _____ Expiration Date: _____</p> <p>Estimated value of vehicle: \$ _____</p> <p>Do you owe any money on the car?: <input type="checkbox"/> No <input type="checkbox"/> Yes: How much: \$ _____</p> <p>Are you applying for a vehicle purchase or repair loan? <input type="checkbox"/> Purchase <input type="checkbox"/> Repair</p> <p>If applying for a repair, what repairs are needed? _____</p>

AUTO INSURANCE

Do you carry valid car insurance?

No Yes: Type of Coverage: _____ Premium/Month: \$ _____

Name of Carrier: _____ Phone Number: _____

Address of Carrier: _____

Beginning this year, Wisconsin drivers will be required to have an automobile insurance policy with at least the minimum liability requirements. If you do not currently have insurance, how do you plan on obtaining and budgeting for insurance under the new law?

FINANCIAL INFORMATION

Bank Name: _____

Do you have: Savings Account Checking Account No Bank Accounts.

If no bank account, please explain: _____

Have you ever declared bankruptcy?

Yes No

Date of filing: (MM/DD/YYYY)

Date of discharge: (MM/DD/YYYY)

Are you considering filing bankruptcy? If yes, please explain when and why.

Have you ever gotten a Payday, Cash Advance or Title loan?

Yes No

If yes, how many loans have you had?

1 2 3 4 5 or more

If you received a loan(s), what was the outcome(s)?

Paid in full Defaulted Other _____

If you received a loan, how many times did you roll it over?

1 2 3 4 5 or more

RIDESHARE REQUIREMENT

If you receive funding from Wheels for Work you must be willing to participate in a rideshare program for six months. Are you willing to register for carpooling and keep your registration current for six months?

Yes No

FAMILY INFORMATION

List all family members who live with you and provide the following information.
Non-custodial parents: list all of your children, regardless of their residence.

Name	Birth Date	US Citizen <small>(check if yes)</small>	Relationship to Applicant (son, daughter, spouse, etc.)	Lives with you? <small>(check if yes)</small>	County of Child Support Order

REFERENCES

List two friends or family members who will ALWAYS know your residential location.

Name	Relationship to you	Phone Number		
Street Address		City	State	Zip Code

Name	Relationship to you	Phone Number		
Street Address		City	State	Zip Code

Please provide any additional information explaining how you would benefit from transportation assistance.

VERIFICATION I hereby certify that the information I have provided for determining my eligibility for the Wheels for Work program is correct to the best of my knowledge, and that it is current on the date of this application.	
Signature of Applicant	Date