

Work-n-Wheels

Application Instructions

Please note, the following must be completed in order for your application to be processed. If any of the following items are missing, your application cannot be considered.

1. Work-n-Wheels Application
 2. Work-n-Wheels Financial Worksheet
 3. Confidentiality Release
4. Verification of employment (You must prove you have been employed for the last 90 days. You can provide a pay stub from 90 days ago and most recent. If you can't get pay stubs you can have your employer complete the enclosed verification form, which includes: date of hire, number of hours you work a week, and rate of pay).
- Please take the time to fill out this application completely. If you do not fill out information in a complete manner, your application can be denied or it could lengthen the time it takes for you to get approved.
 - This is NOT an emergency program. If you are approved, it may take 4-6 weeks for your loan to be finalized.

If you have any questions you can contact the following:

Cindy Halvorson 715-985-2391 ext. 1216

Karen Anderson 715-985-2391 ext. 1257

Western Dairyland Work-n-Wheels Program Application

Serving: Eau Claire, Jackson, Buffalo & Trempealeau Counties

Please take the time to fill out this application completely.

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: <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____			
<i>List the names, ages and relationship (son, daughter, niece, nephew, etc.) of all persons living in your home (do not include those listed above):</i>			
Name	Age	Relationship	Licensed Driver (Y/N)
Income Information			
<i>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, etc.</i>			
Name of Household Member Receiving Income	Name of Employer or List Income Source/Type	Monthly Amount	Month/Year Income Began
		\$	/
		\$	/
		\$	/
		\$	/
<i>Does your household receive assistance from any of the following programs? (check all that apply)</i>			
<input type="checkbox"/> Food Share (amount per month \$ _____) <input type="checkbox"/> Badger Care <input type="checkbox"/> Subsidized Housing			
<input type="checkbox"/> County Day Care Subsidy <input type="checkbox"/> 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:
Western Dairyland does not offer repair loans.

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—WD 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

WESTERN DAIRYLAND EOC, INC.

Serving the Counties of Eau Claire, Jackson, Buffalo & Trempealeau

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.				
			TOTAL	

MONTHLY FIXED EXPENSES	CURRENT SPENDING MONTHLY
Housing:	
• Rent/Mortgage Payment	
• 2 nd 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	
TOTAL	

Transportation:	
• Car Payment #1	
• Car Payment #2	
• Auto Insurance	
• Auto Maintenance Repair	
• License Tabs	
TOTAL	

Miscellaneous:	
• 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:	
TOTAL	

Confidentiality Exchange and Release

Western Dairyland EOC, Inc.

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ County of Residence: _____

Name of Spouse: _____

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

Confidentiality/Case Management

- I understand that *Work-n-Wheels* staff will interview me about issues such as household income, expenses, driving record, credit report, employment, character, etc. I understand that the collection of information is necessary for determining my eligibility for the *Work-n-Wheels* program.
- This consent of release of information expires *upon repayment of loan (if I am approved)*. I understand that I have the right to inspect and receive a copy of the materials disclosed, and a copy of this consent form.
- I acknowledge that Western Dairyland EOC, Inc. may need to release, to receive, or to exchange confidential information, related to my *Work-n-Wheels* application with itself and/or public agencies providing services to my family for purpose of determining eligibility. These agencies and Western Dairyland EOC, Inc. are bound by confidentiality requirements.
- This authorization extends to the following agencies/individuals:

County DHS: (Buffalo, Eau Claire, Jackson, Trempealeau):
Workforce Connections, Inc.
Workforce Resource, Inc.
Auto Dealers/Private Sellers/Mechanics
Insurance Agency or Agencies

Applicant Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Work-n-Wheels
Signature: _____

Date: _____

Western Dairyland Work-n-Wheels Auto Loan Program

PO Box 125, Independence, WI 54747
Phone: 715-985-2391 ext. 1216 Fax: 715-985-3239

Request for Employment Verification

Company or Employer Name _____

Address: _____ 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: _____

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: _____