Work-N-Wheels Program Application

Complete all pages and forms in this application packet.

Services will not be provided without a complete application packet, including the items listed below.

Contact/Return Application To:

Krista Heinz
Couleecap, Inc.
201 Melby St.
Westby, WI 54667
Krista.Heinz@couleecap.org
608-423-6624

YOU MUST BE APPROVED FOR SERVICES PRIOR TO THEM TAKING PLACE.

Faxing the application is not recommended. Please mail to the address above.

The following items **must be included** with the completed application.

Documents Required for Loans	Documents Required for Repairs
- 4 most recent pay stubs of all employed individuals in the household	- 4 most recent pay stubs of all employed individuals in the household
- Proof of any additional household income: Social Security, SSI, Child Support, VA Benefits etc.	- Proof of any additional household income: Social Security, SSI, Child Support, VA Benefits etc.
- Written proof of Food Share benefit (if receiving food share)	- Written proof of Food Share benefit (if receiving food share)
- Two most recent months of banking history or copies of bank/checking statement	- Proof of current address (must be located in Crawford, La Crosse, Monroe or Vernon County) if not already on any other document provided
- Proof of current address (must be located in Crawford, La Crosse, Monroe or Vernon County)if not already on any other document provided	- Proof of valid Wisconsin driver's license for applicant with current address (copy of picture side of license)
- Proof of valid Wisconsin driver's license for all driver's in the household with current address (copy of picture side of license)	- Current vehicle registration in applicant's name
- Registration for any current vehicles in household	- Estimate from repair provider (only needed after you qualify for repair, but speeds up process)

Applications will not be considered complete until all supporting documents are received

Work-N-Wheels
Program Information

KEEP THIS PAGE

REPAIR PROGRAM INFORMATION

1. You must be employed to qualify.
2. The eligible vehicle must be required to travel to and from employment.
3. You must be listed as the owner of the vehicle in need of repairs.
4. It is your responsibility to obtain all required documents.
5. Repairs cannot already have taken place before you apply for assistance. You must be approved before they are ordered. Couleecap cannot reimburse anyone for payments they have already made to a repair shop.
6. Your application should go through an initial screening within 72 hours of being received by the Program Specialist.
7. Vehicle registration must be current.
8. Your vehicle must be worth the repairs needed. Your request for assistance will be denied if the estimate of repair is higher than half of the vehicle value. Worth of the vehicle is calculated by the Program Specialist. It is done the same way for all applicants.
9. **If approved:** You will be required to pay at least 50% + taxes of the repair bill, and any amount over $750.00. You will know the estimated amount prior to ordering the repairs; all details will be listed on the approval letter which you will receive by mail if you qualify.
10. **If denied:** You will have no assistance from the program to pay for your repair as your request did not fit the qualifications. You will get a denial letter in the mail.

LOAN PROGRAM INFORMATION

1. You must be employed to qualify.
2. You must be currently employed for 90 or more days at a secure job. Temporary employment agency work is not qualified employment unless you have consistently been employed with that agency for two full years. If self-employed, you must show that you have been self-employed for one full year.
3. Your application should go through an initial screening within 72 hours of being received by the Program Specialist.
4. It is your responsibility to obtain all required documents.
5. **If approved:** You will get a phone call and a letter in the mail stating the approval. You will get a detailed process packet that will describe all steps from approval to vehicle purchase and loan payments.
6. **If denied:** You will not receive a vehicle loan, as your application did not fit the qualifications. You will get a denial letter in the mail.
7. Loan payments are no more than $125.00 a month, and the maximum loan amount available is $4,500.00. The loan must be paid off in 36 months.
8. The vehicle you wish to purchase can have no more than 150,000 miles.
9. The vehicle must have an equal or higher value than the sale price. This is calculated by the Program Specialist and done the same way for all applicants.
10. If you are unable to secure reasonable auto insurance under your name, you will not be granted the loan. Full coverage insurance is mandatory for the duration of the loan. Proof of insurance must be provided at the point of sale.
11. You must pay for the tax, title, licensing fee, lien fee, and any dealer fees for the vehicle. You must also pay an administration fee to Couleecap for five percent of the loan amount (maximum $225).
12. Private purchases are not allowed. All purchases must be through certified dealerships that are within Crawford, Monroe, Vernon, or La Crosse counties. Please see the list of providers that already work with the program.

Couleecap
your local community action program

Work-N-Wheels Program Application

What type of assistance are you applying for?: ☐ **VEHICLE LOAN** ☐ **VEHICLE REPAIR**

How did you hear of this program? _____

Participant Information

Date of Application:	County:	Village/Township/City:

Name: (Last)	(First)	(M.I.)	Gender: ☐M ☐F
Maiden name/other previous names:	Also known as:	DOB:	
Driver's License # / State / Expiration Date		SS#	

Present Address: (Street/PO Box)	(City)	(State)	(ZIP)
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			

Housing Situation:

☐Rent ☐ Mortgage Monthly Payment: $_____ Is housing subsidized? ☐ Yes ☐ No

☐House ☐ Apartment ☐ Mobile Home ☐ Other_____Time at Present address? _____

Landlord Name:_____ Landlord Phone:_____

REQUIRED for loan applicants only: All addresses for previous five years:

Address:_____City/State:_____Length of stay:_____

Address:_____City/State:_____Length of stay:_____

Address:_____City/State:_____Length of stay:_____

Address:_____City/State:_____Length of stay:_____

*If more space is required to show a complete five year history please provide this information on a separate sheet of paper.

Background and Ethnicity:

Race *(check one)*	Marital Status *(check one)*	Family Status *(check one)*	Other *(check any that apply)*	Education *(check one)*
☐Caucasian	☐Single	☐No Children	☐Veteran	☐0-8th Grade
☐African American	☐Married	☐Two parent family	☐Disabled	☐9th-12th Grade
☐ Native American	☐Separated	☐Single Parent		☐GED
☐Asian	☐Divorced	☐Other_____		☐High School Diploma
☐Hispanic				☐Associates
☐Other: _____				☐Bachelor's Degree
				☐Master's Degree

Household Income Information

What type of income or assistance do you and your family receive? (**complete all that apply**)

☐Unearned income: $ _____	Source of Unearned Income:$_____ (Examples: SSDI, SSI, Alimony, Pension, unemployment, etc.)		
☐ FoodShare: $_____	☐SSDI:$_____	☐SSI: $_____	☐Medical Assistance
☐State Disability: $_____	☐Unemployment$_____		☐Other: $_____
☐Child Support: $_____	County:_____	Person Paying Child Support:_____	
☐Employment: $_____ ☐Employment 2 : $_____	☐Hourly ☐Weekly ☐Bi-Weekly ☐Monthly or ☐Yearly (Check One) ☐Hourly ☐Weekly ☐Bi-Weekly ☐Monthly or ☐Yearly (Check One)		
Total Monthly HH Income: $ _____	Private Medical Insurance: ☐ Yes ☐ No		

Transportation Information

Automobile information:

Year:_____Make:_____Model:_____Mileage_____Est. Value: $_____

For repairs: You will be required to pay at least 25% of the repair cost, do you have a resource to pay the 25%? ☐ Yes ☐ No If yes, what is the resource? _____

Do you owe any money on the car: ☐ No ☐ Yes If yes, amount: $_____

Name and address of person holding the lien:_____

License Plate #:_____Date of Expiration:_____Name:_____

Who has possession of the title: ☐ Lien Holder ☐ Yourself ☐ Other: _____

If requesting a **LOAN**, what will you do with your present vehicle? _____

Besides for work, why else do you need a vehicle? _____

Are there any other vehicles in the household? ☐ Yes ☐ No

*If yes, please provide answers to the questions above for each additional vehicle on a separate sheet of paper.

If you do not own a vehicle, how do you get to and from your job?_____

Do you have vehicle insurance?: ☐ No ☐ Yes Coverage Type:_____Premium:_____

Name of Carrier:_____Phone of Carrier: _____

Address of Carrier:_____

Driving History

Do you currently hold a valid Wisconsin Driver's License? ☐ No ☐ Yes

If no, please explain:_____

Have you had any OUI's or alcohol related citations in the past five years?: ☐ No ☐ Yes: How many:_____

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 Nature of crime:_____

_____

Do you have any points against current driver's license?: ☐ No ☐ Yes If yes, amount:_____

If yes, for what offenses: _____

_____

REPAIR NEEDS *(complete only if requesting vehicle repair assistance, skip to employer section if not)*

Are the repairs needed the result of an accident : ☐No ☐Yes

Describe repairs needed:

_____

_____

_____

Current Employer of Applicant

Name of Employer:	Start Date:	End Date:
Address of Employer: (Street/PO Box, City, State, & Zip)		# of Miles to Work:
Job Title:	Name of Supervisor:	Phone of Supervisor:
Job Responsibilities:		
Wage per Hour:	Hours per Week:	

REQUIRED for loan applicants only: Employment history for the past five years

Employer:_____Dates of Employment (mo/yr)_____/_____to_____/_____Wage per Hour: _____
Reason for Leaving:

Employer:_____Dates of Employment (mo/yr)_____/_____to_____/_____Wage per Hour: _____
Reason for Leaving:

Employer:_____Dates of Employment (mo/yr)_____/_____to_____/_____Wage per Hour: _____
Reason for Leaving:

*If more space is required to show a complete five year history please provide this information on a separate sheet of paper.

Current Employer of Other Household Member

Name of Employer:	Start Date:	End Date:
Address of Employer: (Street/PO Box, City, State, & Zip)		# of miles to work:
Job Title:	Name of Supervisor:	Phone of Supervisor:
Job Responsibilities:		
Wage per hour:	Hours per week:	

Additional Household Members

Name: (Last)	(First)	(M.I.)	☐Male ☐Female
Driver's License # / State / Expiration Date	SS#		Date of Birth (Mo/Day/Yr)

Race (check one): ☐Caucasian ☐African American ☐Native American ☐Asian ☐Hispanic ☐Other

Relationship to Applicant:_____

Household Member

Name: (Last)	(First)	(M.I.)	☐Male ☐Female
Driver's License # / State / Expiration Date	SS#		Date of Birth (Mo/Day/Yr)

Race (check one): ☐ Caucasian ☐ African American ☐ Native American ☐ Asian ☐ Hispanic ☐ Other

Relationship to Applicant:_____

Household Member

Name: (Last)	(First)	(M.I.)	☐Male ☐Female
Driver's License # / State / Expiration Date	SS#		Date of Birth (Mo/Day/Yr)

Race (check one): ☐Caucasian ☐ African American ☐ Native American ☐ Asian ☐ Hispanic ☐ Other

Relationship to Applicant:_____

Household Member

Name: (Last)	(First)	(M.I.)	☐Male ☐Female
Driver's License # / State / Expiration Date	SS#		Date of Birth (Mo/Day/Yr)

Race (check one): ☐Caucasian ☐ African American ☐ Native American ☐ Asian ☐ Hispanic ☐ Other

Relationship to Applicant:_____

*If more space is required to show additional household members please provide this information on a separate sheet of paper.

References: REQUIRED for loan applicants only *(May be contacted to provide information if or when necessary; if you are applying for a loan, three references are required with at least one being a family member outside of your household.)*

Name:_____Relationship to Applicant:_____

Address:_____

Home Phone Number:_____Cell Number:_____

Name:_____Relationship to Applicant:_____

Address:_____

Home Phone Number:_____ Cell Number:_____

Name:_____Relationship to Applicant:_____

Address:_____

Home Phone Number:_____ Cell Number:_____

All Applicants Read and Sign the Following:

To the best of my knowledge all information provided is true and correct. I understand that any false information or responses could prevent my application from being considered for the Work-N-Wheels Program. I also understand that my application will be screened for approval, and that there is a chance it will be denied.

_____ _____

Applicant Signature Date

_____ _____

Other Adult Household Member Date

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

Name:_____DOB:_____SS#_____

Name of Applicant's Spouse/Partner/Roommate: _____

DOB:_____SS#: _____

Address: _____

I understand that Couleecap Work-N-Wheels Program staff will interview me about issues such as household income, expenses, driving record, credit history, employment, character references and transportation needs. I understand that the collection of information is necessary for determining eligibility for the Couleecap Work-N-Wheels Program.

I hereby authorize Couleecap, Inc. to access my personal and financial information in order to receive a copy of my credit report and to determine my credit standing. If I am married, I understand that the signature of my spouse is required to process the application and to receive a copy of his/her credit report.

I hereby authorize Couleecap to release, to receive, or to exchange confidential information related to my Work-N-Wheels application/participation with other individuals or agencies. The purpose of this release or exchange of information is for determining eligibility for the Couleecap Work-N-Wheels Program, and ongoing monitoring of my car loan/repairs if approved. This authorization extends to the agencies/individuals that are checked below.

__X____Dealership/Repair Shop/other vehicle service providers

__X____Department of Human Services of_____County

__X____Please list lending institution(s): _____

__X____Please list insurance company: _____

__X____Please list budget or credit counseling agency:_____Consumer Credit Counseling Service_____

__X____Please list employer(s): _____

_____ _____
Signature of Applicant Date

_____ _____
Signature of Spouse/Partner/Roommate Date

Work-N-Wheels Program Financial Worksheet

Name:_____ Date:_____ County:_____

MONTHLY INCOME	HOW OFTEN PAID	GROSS PAY	NET PER CHECK	MONTHLY NET INCOME
Employment #1:				
Employment #2:				
Other Income:				
Other Income:				
			TOTAL	

MONTHLY FIXED EXPENSES	CURRENT SPENDING MONTHLY
Housing: • Rent/Mortgage Payment	
• 2nd Mortgage/Home Equity Loan/Lot Rent	
• Electricity/Heat (oil, gas, LP, wood)	
• Telephone/Cell Phone	
• Cable/Satellite/Internet	
• Water/Sewer/Trash	
• Property Taxes (if not in mortgage escrow)	
• Homeowners Insurance/Renter's Insurance	
• Home Repair/Maintenance/Water Softener	
TOTAL	

Transportation: • Car Payment #1	
• Car Payment #2	
• Auto Insurance	
• Auto Maintenance/Repair	
• Gasoline – gas, taxi, ride-share, bus, parking	
• License Tabs	
TOTAL	
Miscellaneous: • Clothing Purchases (back to school/special trips/sprees)	
• Insurance (Health/Life)	
• Medical Expenses (co-pays/deductible/chiropractic/prescriptions)	
• Day Care/Pre-school/Private School	
• Tuition/Supplies/Lessons	
• Income Taxes (payment plan/self-employed)	
• Gifts/Birthdays/Holidays/Parties	
• Vacation/Travel	
• Other:	
TOTAL	

MONTHLY FLEXIBLE EXPENSES What do you spend monthly for the following: (out of pocket, day to day spending)	**CURRENT SPENDING** (Monthly Average)	
• Food – groceries, dining out, work lunches, school lunches and convenience foods		
• Household supplies – baby supplies, paper products, laundry, discount retail stores		
• Cash & Miscellaneous – allowances, postage, donations, tobacco, alcohol, pet supplies, hair cut/color, manicures, pedicures		
• Entertainment – baby sitters, movies, gambling, sports, hobbies, books, magazines, other activities		
• Other:		
TOTAL		

CREDITORS: Credit cards, personal loans, family debts, medical bills, old taxes, miscellaneous	**BALANCE**	**CURRENT MONTHLY PAYMENT**
TOTAL		

Participant Action Plan / Summary

	Current Spending	Planned spending
Monthly Net Income: ***(from top of page 1)***	$_____	$_____
Monthly Expenses:		
Total Housing Expenses (page 1)	$_____	$_____
Total Transportation Expenses (page 1)	$_____	$_____
Total Miscellaneous Expenses (page 1)	$_____	$_____
Total Flexible Expenses (page 2)	$_____	$_____
Total Creditors (page 2)	$_____	$_____
TOTAL MONTHLY EXPENSES:	$_____	$_____
Surplus(+)/Deficit(-): (monthly income - monthly expenses)	$_____	$_____

Please double check to make sure that your totals on this MONTHLY financial worksheet are as close to actual as possible. Each qualifying applicant will thoroughly go through this form with the Program Specialist prior to services being provided.

FOR OFFICE USE: Notes / Decision:

Work-N-Wheels Program
Service Provider List

REPAIR PROVIDERS

(NOT LIMITED TO PROVIDERS ON THIS LIST, THESE ARE JUST SUGGESTIONS)

Crawford County		
Bob's Towing & Repair	Prairie Du Chien, WI	608-326-6716
Halpin Tire Service	Prairie Du Chien, WI	608-326-6488
Hess Auto and Tire Inc.	Prairie Du Chien, WI	608-326-4599
Royce's Auto Body & Sales	Prairie Du Chien, WI	608-326-4044
Boland's Repair	Gays Mills, WI	608-735-4433
Nagel Service Center	Eastman, WI	608-847-4611

Monroe County		
Arnold's Service & Towing	Sparta, WI	608- 269-4241
Brenengen Auto	Sparta, WI	608-269-3673
Loren's Auto Service	Sparta, WI	608-269-4020
John's Auto Repair	Sparta, WI	608-269-1120
Mr. Tire	Sparta, WI	608-269-4029
Randall Tire & Alignment	Sparta, WI	608-269-6339
Auto Expo	Tomah, WI	608- 372-3926
Brenengen Auto	Tomah, WI	608-372-4121
Don's Auto	Tomah, WI	608-372-6435
GCR Tire Centers	Tomah, WI	608-372-2144
Superior Automotive	Tomah, WI	608-374-3493
Vandermeer Motor Co.	Tomah, WI	608-372-2139
Cashton Collision Center	Cashton, WI	608-654-5656

Vernon County		
Cavadini Auto Repair	Coon Valley, WI	608-452-3513
Coon Creek Auto Repair	Coon Valley, WI	608-452-2888
Star Auto Repair	Coon Valley, WI	608-452-3077
Black Jack Auto	Westby, WI	608-634-6900
Corner Mechanics	Westby, WI	608-634-4716
Mobil 1 Lube Express	Viroqua, WI	608-637-7372
Premier Co-op	Westby, WI	608-634-7327
Baker Garage	Viroqua, WI	608-637-6721
JNT Mobil	Viroqua, WI	608-637-3654
Muffler Werks	Viroqua, WI	608-637-3931
Sleepy Hollow Ford	Viroqua, WI	608-637-3673
R & D Automotive	Viroqua, WI	608-637-8786
River Valley Auto Sales	Viroqua, WI	608-637-2000
Sleepy Hollow Chevrolet	Viroqua, WI	608-637-8300
Tee's Auto Sales & Service	Stoddard, WI	608-457-3041

La Crosse County		
Allen Automotive	La Crosse, WI	608-781-9900
Ballweg Midwest Toyota	La Crosse, WI	608-793-7000
Clason Pontiac	La Crosse, WI	608-788-7246
City Auto Sales	La Crosse, WI	608-788-0066
Conway Auto Sales	La Crosse, WI	608-782-7345
Courtesy Car Care	La Crosse, WI	608-788-2112
Don's Towing and Repair	La Crosse, WI	608-784-5872
Ed's Service Center	La Crosse, WI	608-788-1803
Fred's Brake & Alignment	La Crosse, WI	608-784-6100
Honda Motorwerks	La Crosse, WI	608-784-6439
Pischke Motors	La Crosse, WI	608-791-3000
Mac's Auto Repair	La Crosse, WI	608-788-8935
Matt's Auto Repair	La Crosse, WI	608-796-0091
Murphy's Frame & Axle	La Crosse, WI	608-782-2817
Neader Motors on Rose	La Crosse, WI	608-782-7673
Schaller/Jacobson Plus	La Crosse, WI	608-788-2545
Teeta and Mike's Auto	La Crosse, WI	608-782-0080
Unique Edge	La Crosse, WI	608-782-5708
Dahl Ford	Onalaska, WI	608-779-2886
Dee's Auto	Onalaska, WI	608-783-0500
Del's Auto Repair	Onalaska, WI	608-783-4880
Luke's Auto Repair	Onalaska, WI	608-781-3380
Auto Care Mall	Holmen, WI	608-779-9996
Bill's Automotive	Holmen, WI	608-526-3077
Auto Care Mall	West Salem, WI	608-786-7767
Brenengen Auto	West Salem, WI	608-786-4542
Randy Beers	West Salem, WI	608-313-5680
Turnmire Auto Repair	Bangor, WI	608-486-1420

Work-N-Wheels Program
Service Provider List

AUTO DEALERSHIPS

(NOT LIMITED TO PROVIDERS ON THIS LIST, THESE ARE JUST SUGGESTIONS)

Crawford County		
Royce's Auto Body & Sales	Prairie Du Chien, WI	608-326-4044
Mezera Auto Sales	Eastman, WI	608-874-4443

Monroe County		
Brenengen Auto	Sparta, WI	608-269-3673
Brenengen Auto	Tomah, WI	608-372-4121
Don's Auto	Tomah, WI	608-372-6435
Moore For Less	Tomah, WI	608-387-9773
Phillips Auto Sales	Tomah, WI	608-372-4924
Vandermeer Motor Co.	Tomah, WI	608-372-2139

Vernon County		
Black Jack Auto	Westby, WI	608-634-6900
Cruzin' Auto	Viroqua, WI	608-637-2789
Sleepy Hollow Ford	Viroqua, WI	608-637-3673
River Valley Auto Sales	Viroqua, WI	608-637-2000
Sleepy Hollow Chevrolet	Viroqua, WI	608-637-8300
Viroqua Motors	Viroqua, WI	608-637-6700
Tee's Auto Sales & Service	Stoddard, WI	608-457-3041

La Crosse County		
Ballweg Midwest Toyota	La Crosse, WI	608-793-7000
City Auto Sales	La Crosse, WI	608-788-0066
Clason Pontiac	La Crosse, WI	608-788-7246
EKG Auto Sales	La Crosse, WI	608-788-1803
Honda Motorwerks	La Crosse, WI	608-784-6439
Neader Motors	La Crosse, WI	608-782-7673
Pischke Motors	La Crosse, WI	608-791-3000
Toy Box Auto	La Crosse, WI	608-796-2004
Dahl Ford	Onalaska, WI	608-779-2886
Fox Auto Sales	Onalaska, WI	608-780-3300
Brenengen Auto	West Salem, WI	608-786-4542
Eagle Motors	West Salem, WI	608-786-3545
Fechner Motors	West Salem, WI	608-786-3500
Keenan's Cherryland	West Salem, WI	608-786-1212
Wehr Chevrolet	Bangor, WI	608-486-2321