

**Wisconsin Automotive Truck & Education Association  
Wheels to Work Program Application**

Please take the time to fill out this application completely.

Type of Assistance Requested:     Auto Loan     Auto Repair:

Date of Application: \_\_\_\_\_ County: \_\_\_\_\_ Referred from: \_\_\_\_\_

**Applicant Household Information**

Applicant Name:	Social Security Number:	Birth Date:
Drivers License Number:	State Issued In:	Expiration Date:
Spouses Name (if applicable):	Social Security Number:	Birth Date:
Drivers License Number:	State Issued In:	Expiration Date:
Address:	City:	Zip:
Home/Cell Phone:	Work Phone:	E mail Address:
Housing Status: Rent Home    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, etc.) 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, etc.

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     Badger Care     Subsidized Housing     County Day Care Subsidy

W2     WIC     Other (please list): \_\_\_\_\_

**Vehicle/Transportation Information** (applicant only):

Do you currently own a vehicle?  YES (if yes see below)  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: \_\_\_\_\_

Is your vehicle meeting your current needs? Yes  No  Explain: \_\_\_\_\_

\_\_\_\_\_

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:**

DUI, OWI, or alcohol related citations in past 5 years: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:
Moving vehicle violation in past 5 years: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:
Other criminal/civil convictions in the past 5 years: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:
Please rank, using 1 as most important and 7 as least important, the value to you of the following vehicle uses:  <input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> Shopping <input type="checkbox"/> Vacation <input type="checkbox"/> Employment  <input type="checkbox"/> Medical Appointments/needs <input type="checkbox"/> Visiting Relatives/Friends

Do you have a valid driver's license  Yes  No

**Employment History** (Applicant, list your last three Employers-list most recent first)

1. Employer Name:	Start Date:	End Date:
Employer Address:	City, State, ZIP:	# of miles from home to work:
Job Title:	Hourly Wages/Salary:	Hours Worked per week:
Responsibilities:	Reason for Leaving:	

2. Employer Name:	Start Date:	End Date:
Employer Address:	City, State, ZIP:	# of miles from home to work:
Job Title:	Hourly Wages/Salary:	Hours Worked per week:
Responsibilities:	Reason for Leaving:	

3. Employer Name:	Start Date:	End Date:
Employer Address:	City, State, ZIP:	# of miles from home to work:
Job Title:	Hourly Wages/Salary:	Hours Worked per week:
Responsibilities:	Reason for Leaving:	

**References** (May be contacted to provide information if/when necessary—Relative may be included as reference):

1. Name:	Address:
Relationship to Applicant:	Home/Cell Number:
2. Name:	Address:
Relationship to Applicant:	Home/Cell Number:
3. Name:	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

**Optional Information**

Information you provide on this page of the application will not be used to determine your eligibility for the program assistance you are applying for. This information is used when this program/agency applies for additional program/agency funding and/or for the purpose of developing reports regarding program/agency services. All information is provided is confidential and reports developed utilizing this information will not result in the disclosure of any applicant or participant's identity.

Applicant Information:	
Race/Ethnic Background-check all that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please identify): _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
Family Status: <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Custodial Parent <input type="checkbox"/> Non Custodial Parent <input type="checkbox"/> No Children <input type="checkbox"/> Other: _____	
Education-check all that apply: <input type="checkbox"/> Non H.S. Graduate <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> GED Completion <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Student (indicate school/program attending): _____ <input type="checkbox"/> Other: _____	
Handicapped Status-check all that apply: <input type="checkbox"/> I am handicapped/disabled <input type="checkbox"/> A member of my household is handicapped/disabled	

<b>Do any of these descriptions apply to you? Check all that apply:</b>	
<input type="checkbox"/>	Trouble speaking or reading English
<input type="checkbox"/>	Employed but looking for a better job.
<input type="checkbox"/>	Unemployed.
<input type="checkbox"/>	Laid off or unemployed due to a plant closing, permanent layoff, or farm closure.
<input type="checkbox"/>	Currently have limitation or impairment that affects getting or keeping a job.
<input type="checkbox"/>	Currently applying for Supplemental Security/Disability Insurance (SSI/SSDI)
<input type="checkbox"/>	Have been a seasonal farm laborer or food processing worker within the past 2 years.
<input type="checkbox"/>	Currently a single parent with a child under age 18: With primary custody? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	Currently working with one or more Community Agency (please identify agency and staff contact):

What other kind of assistance are you in need of or interested in? Check all that apply.			
<input type="checkbox"/>	Using Job Net or Internet for job search	<input type="checkbox"/>	WIC/Nutritional Programs
<input type="checkbox"/>	Job Seeking (application/interviewing)	<input type="checkbox"/>	Head Start/Pre School Programs
<input type="checkbox"/>	Help with Resume	<input type="checkbox"/>	Child Care Assistance
<input type="checkbox"/>	Exploring Different Careers	<input type="checkbox"/>	Housing Programs
<input type="checkbox"/>	Help getting a GED or HSED	<input type="checkbox"/>	Medical Assistance/Badger Care
<input type="checkbox"/>	Education Options (going back to school or refresher courses).	<input type="checkbox"/>	Food Security Programs including: Food Share/Food Stamp/Food Pantry
<input type="checkbox"/>	Information on Non Traditional Jobs	<input type="checkbox"/>	Fuel/Energy Assistance
<input type="checkbox"/>	Unemployment Insurance	<input type="checkbox"/>	Consumer/Financial Education
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

