



FOR OFFICE USE ONLY	
Received:	_____
Reviewed:	_____
<input type="checkbox"/>	Accepted
<input type="checkbox"/>	Denied
<input type="checkbox"/>	Incomplete

APPLICATION GUIDELINES

Thank you for your interest in Work and Ride, a partnership between Greater Hickory Cooperative Christian Ministry and Catawba County Department of Social Services. Work and Ride accepts donated vehicles and provides them, when suitable, to low-income Catawba County residents who need transportation.

Applicants must either: be employed full-time (a minimum of 32 hours). All applications must be complete in order to be considered. It is the applicant's responsibility to send in an application that includes all required documentation. Please use the application checklist provided on Page 3.

Priority is given to the following:

- 1) Families with children.
- 2) Applicants who are employed full-time.

BASIC CRITERIA

To be considered for the Work and Ride program, you must

1. Prove that transportation is a significant barrier to employment and/or further education. The barriers can include the need to transport children to daycare, working non-traditional hours, not being able to access public transportation, etc.
2. Provide a reference using the REFERRAL INFORMATION FORM included in the application. A case manager, church minister, nonprofit agency representative, or employment supervisor must complete the referral.
3. Be a Catawba County resident.
4. Have a valid North Carolina driver's license.
5. Pay a non-refundable \$15 processing fee payable to: Cooperative Christian Ministry – when interviewed.
6. Have a generally clean driving record so that insurance is affordable for you. A DMV check will be completed. (You cannot have a DWI on your record within the last 3 years.)
7. Demonstrate financial need. (All blanks on pages 6 & 7 must be filled in with information or N/A.
8. Currently not own OR have access to a working vehicle. A NC-DOT (Department of Transportation) check will be completed.
9. Provide verification of income, if employed and verification of satisfactory education progress, if enrolled in school.
10. Complete a basic auto maintenance/car ownership workshop and a money management class.

To help us properly consider your application, please carefully review the following:

- Consider your qualifications based on the purpose of this program and your ability to meet the basic criteria listed above. Unfortunately, we do not receive enough cars to meet everyone's needs. *Priority goes to families and full-time employees.*

- Consider whether or not you will be financially better off owning a car. Older cars with higher mileage require regular maintenance and repairs to keep them in good running order. You must accept the car that is awarded “as is” and you will be responsible for all costs from that point forward. These expenses will include insurance, maintenance, gas, etc. We expect that you will be able to put aside \$25/month for general maintenance. Before a vehicle can be provided, you will be required to obtain insurance (usually around \$100/month). The cost of insurance will be based on your driving record and the age and mileage of the car you receive. On the day you are awarded the car you must pay for the title transfer, tag, and highway usage tax (around \$125.00) to NC DMV.

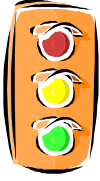
Mail or fax completed application with ALL documentation to:

Work and Ride -153
Catawba County Department of Social Services
P O Box 669
Newton, NC 28658

Fax: 828-695-5691 (Attn: Work and Ride Program)

WORK AND RIDE APPLICATION PROCESS

1. Your application will be reviewed by the Work and Ride Selection Committee and you will be notified of your status. (This committee meets once a month). The committee will rate the applicants based on the following:
 - Employment status (number of hours you work, previous work history)
 - Education status (number of hours in school, focus of study, plan for future)
 - Number of miles to the workplace and/or school
 - Children in daycare
 - Ability to maintain a car and pay for insurance
2. If it is determined that you do not meet the requirements for the program, you will be informed. If you are eligible for consideration, you may be asked to come in for an interview.
3. If you are selected, following your interview you will be scheduled for a basic auto maintenance/ car ownership workshop. You will also be required to attend a class on money management.
4. Upon completion of all requirements, you will be given an estimate for the cost of the tax and title transfer. It is your responsibility to obtain insurance at that time. You must have money to pay for the tax, title transfer and insurance before you accept the car.
5. On the day that you accept the vehicle that is being awarded to you, you will sign an agreement which explains that you are accepting the vehicle as is and will not use the vehicle for any illegal purposes.
6. If you have any questions during the application process or if you need help filling out your application, please call the Karen Heffner at 828-695-5625 or Beth Smith at 828-695-5680.



Now that you have read about the eligibility requirements and the selection process, you are ready to complete your application! Please remember that there is a \$15.00 non-refundable application fee. (This is not returned even if your application is denied.) Please use this checklist to make sure that all of the needed information is included in your application. If information is missing, it will hold up the process.

APPLICATION CHECKLIST

The following documentation must be attached to your application. Please use this checklist to make sure your application is complete. If your application is incomplete, your application will not be taken to the selection committee.

- Completed PERSONAL INFORMATION, DRIVING INFORMATION, EMPLOYMENT AND EDUCATIONAL STATUS, BUDGET INFORMATION, and WORK HISTORY (pages 4-7).
- Signed RELEASE OF INFORMATION section (bottom this page).
- Completed REFERRAL INFORMATION FORM (page 9).
- A copy of your North Carolina Driver's License displaying your current Catawba County residence address. Learner's permits are not accepted.
- If employed, copies of your pay stubs from the past month.
- If you or another member of your household is receiving assistance or benefits (Work First, SSI, SSA, etc), a copy of the check stub(s) from the past month.
- If enrolled in school, official proof of enrollment.
- If enrolled in school, completed EDUCATION INFORMATION FORM (page 8).
- Non-refundable \$15 processing fee payable to: Cooperative Christian Ministry.

RELEASE OF INFORMATION

I certify that the information on this application is correct to the best of my knowledge and may be used for verification and statistical reporting. I hereby authorize the release of information (which may include an MVR report, title search and credit report) for the purpose of completing this application from any agency that is involved in this process. I understand that personal information contained in my Motor Vehicle records is protected by the Federal Driver Privacy Protection Act and N.C. General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person:

Work and Ride
 c/o Cooperative Christian Ministry
 31 1st Ave. S.E.
 Hickory, NC 28602

Your signature _____

Your name (as it appears on your Driver's License) _____

Your Driver's License Number _____ Date _____



WORK AND RIDE APPLICATION

All blanks on this application must be filled in completely and honestly or it will **NOT** be processed.

If the question does not pertain to you, fill in the blank with "N/A."

For help in completing this application, please check with your church, social worker or teacher.

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Middle Name: _____ Maiden Name: _____

Social Security #: _____ Date of birth: ____/____/____

Street Address: _____

City/State/ Zip: _____

Phone:

Home: _____ Work: _____

Cellular: _____ Pager: _____

Have you ever been convicted of a crime? Yes ____ No _____. If yes, what was the date and what was it for?

DRIVING INFORMATION:

Driver's License #: _____ State: ____ Expiration Date: _____

How long have you had your license? _____ year(s).

Have you had any moving violations? (Ticket, DWI, Accident, etc.) Yes ____ No ____
If yes, when and what for? _____

Does anyone else in your household have a driver's license?

Name: _____ License #: _____ Age: ____ Relationship to you: _____

Name: _____ License #: _____ Age: ____ Relationship to you: _____

Is there a vehicle in your household? Yes ____ No ____

Is it working? Yes ____ No ____ If not, why not? _____

If yes, how many? ____ Used by: _____

Have you ever owned a vehicle before? Yes _____ No _____ If yes, when was it and why do you no longer own it?

Can you drive an:
Automatic transmission _____ or Manual transmission _____ or Both _____

Total distance to and from work _____ miles. Total distance to and from school _____ miles.

Do you have children in daycare and/or school? Yes _____ No _____

Total distance to and from children's daycare/school _____ miles.

Any additional mileage that you drive per day and reason for travel: _____

How are you presently getting to and from work (and daycare/ school if applicable)? :

EMPLOYMENT AND EDUCATIONAL STATUS

Are you currently employed? Yes _____ No _____

**** If you answered "No" to this question, you must be enrolled in school full-time (and able to provide proof of enrollment) to meet the criteria of the program. ****

What level of school have you completed? _____

Are you currently in school? Yes _____ No _____ If yes, be sure to complete the EDUCATION INFORMATION FORM.

Can public transportation (Piedmont Wagon, taxi services, etc.) meet your transportation needs? Yes _____ No _____ If no, why not?

Please use the space below to explain how owning a vehicle will benefit you or make a difference in your life: (attach additional pages if necessary)

BUDGET INFORMATION

Total number of people in your household including yourself: _____

	Name	How are they related to you? (son, daughter, sister, friend, etc.)	Age:	Is this person employed? Y/N	If yes, how many hours a week do they work?	How much money do they make? (You may be required to verify this information)
1						
2						
3						
4						
5						
6						

YOUR INCOME:

MONTHLY

1) **Wages** \$_____ per month**

*** To calculate your MONTHLY wages: If you are paid hourly, then multiply your hourly wage by the number of hours you work in ONE MONTH. If you are paid weekly, then multiply the amount you are paid weekly by 4. If you are paid twice a month, then multiply that figure by 2.*

- 2) **Child Support** \$_____ per month
- 3) **Public Assistance** (Work First) \$_____ per month
- 4) **Benefits** (Food stamps, Social Security, etc.) \$_____ per month
- 5) **Other** (please explain) _____ \$_____ per month

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE SSI or SSA? If so, who is it and how much do they receive? (Remember to provide copies of check stubs.)

Name(s): _____

\$ _____ per month

TOTAL INCOME: \$_____ per month

YOUR EXPENSES:

MONTHLY

- 1) **Rent/mortgage** \$_____ per month

- 2) **Utilities**
 - Water \$_____ per month
 - Power \$_____ per month
 - Gas (for home) \$_____ per month
 - Home phone \$_____ per month
 - Cable or Dish \$_____ per month

- 3) **Payments**
 - Credit cards (list name of cards)
 - (1) _____ \$_____ per month
 - (2) _____ \$_____ per month
 - (3) _____ \$_____ per month
 - Doctor bills \$_____ per month
 - Furniture \$_____ per month
 - Appliances \$_____ per month
 - Cell phone \$_____ per month
 - Pager \$_____ per month
- 4) **Food** (groceries, eating out, etc.) \$_____ per month
- 5) **Clothing** \$_____ per month
- 6) **Daycare** \$_____ per month
- 7) **Other** (please explain) _____ \$_____ per month

TOTAL EXPENSES: \$_____ per month

WORK HISTORY (Provide this information even if you are currently in school.)

Begin with your current employer.

<u>Name of Employer</u>	<u>Dates Employed</u>	<u>Hours Per Week</u>	<u>Salary</u>	<u>Reason for Leaving</u>
1.				
2.				
3.				
4.				

EDUCATION INFORMATION FORM

If you are enrolled in school, this form must be filled out completely

in order for your application to be processed.

Name of School: _____

Number of Hours Per Week: _____

Focus of Study (i.e., trying to get certified as a CNA): _____

Date you expect to finish school (i.e., Spring 2005): _____

Classes You Are Currently Enrolled In		
Name of Class	Day and Time of Class	Credit Hours

Please explain in detail how you will pay for the insurance (minimum of \$100/month) and general maintenance of the car (\$25/month) while you are in school. You may be asked to provide additional documentation for any income you plan to use for these purposes.

Please provide contact information for one of your current teachers. They may be contacted as an additional reference for you.

Teacher's Name: _____

Name of Class: _____

Teacher's Office Phone Number: _____

REFERRAL INFORMATION FORM

Work and Ride Applicant's Name: _____

(All information below this line to be completed by reference.)

Reference's Name: _____

Organization Name: _____

Organization Address: _____

Telephone Number:(_____)_____

Relationship to Applicant: (reference **must** fall into one of the following categories)

- Case Manager
- Non-Profit Agency Representative
- Minister
- Employment Supervisor

Length of Time You've Known the Applicant:

- Less than One Month
- One to Three Months
- Three to Six Months
- Six Months to a Year
- One to Two Years
- Two Years or More

Please indicate if you or your agency will (or have the ability to) assist the client with any supportive services in the chance that they are awarded a vehicle (i.e. oil changes, assistance with tax and title transfer costs, etc.):

I certify that the information on this referral form is correct to the best of my knowledge. I have reviewed the basic criteria, screening process, budget information and application checklist with the applicant.

Signature of Reference

Date