

**WHEN APPLYING FOR THE
CARS PROGRAM YOU WILL
NEED TO PROVIDE:**

- **PROOF OF INCOME FOR THE
PAST 90 DAYS (ALL)**
- **COPY OF VALID DRIVERS
LICENSE**

CARS PROGRAM APPLICATION
MUST PROVIDE PROOF IN INCOME AND COPY OF DRIVERS LICENSE

APPLICANT NAME: _____

ADDRESS: _____

PHONE #: _____ DOB: _____

DRIVERS LICENSE #: _____ STATE: _____

List Household Members	Date of Birth	License #	Relationship To Applicant

LIST SOURCE OF INCOME
(WHOSE INCOME IT IS AND NAME
OF EMPLOYER)

INCOME PER MONTH

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

IF YES, MAY WE CONTACT YOUR EMPLOYER? _____ YES _____ NO

EMPLOYER NAME: _____

ADDRESS: _____

PHONE #: _____ LENGTH OF TIME EMPLOYED: _____

MILES TRAVELED TO AND FROM WORK PER WEEK: _____

IF PRESENT JOB HAS BEEN FOR LESS THAN 4 YEARS, PLEASE LIST ANY JOBS
YOU HAVE HELD AND INCLUDE THE DATE/YEAR OF EMPLOYMENT@ EACH.

DO YOU RECEIVE SERVICES THROUGH OTHER AGENCIES? ____ YES ____ NO

IF YES, PLEASE LIST THE AGENCIES AND SERVICES:

WHY DO YOU NEED A CAR?

1. DO YOU HAVE VEHICLE INSURANCE? ____ YES ____ NO
IF SO, NAME OF COMPANY: _____

2. LENGTH OF TIME AT CURRENT ADDRESS: _____

3. LENGTH OF TIME AT PRIOR ADDRESS: _____

4. AMOUNT OF RENT YOU PAY: _____

5. BASED ON YOUR CURRENT MONTHLY BUDGET, HOW MUCH CAN YOU AFFORD MONTHLY FOR A CAR PAYMENT? _____

6. HOW DID YOU HEAR ABOUT THE CARS PROGRAM? _____

7. PLEASE PROVIDE US WITH THE NAME AND PHONE NUMBER OF A RELATIVE LIVING CLOSEST TO YOU.

NAME: _____ PHONE#: _____

ADDRESS: _____

RELATIONSHIP: _____

I understand that the application process does not assure that I will receive a car from Clinton County Community Action Program and the decision of the committee is final.

All information I have provided is true and I give the committee permission to obtain any further documentation needed.

Applicant Signature

Date

CARS CLIENT NEEDS ASSESSMENT
(OPTIONAL)

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN HELP YOU
GET THE RESOURCES YOU NEED TO BE SUCCESSFUL.

1. Do you need childcare? Yes _____ No _____
2. What would you consider to be affordable childcare cost?
3. Do you need affordable housing? Yes _____ No _____
4. If yes, what would you consider affordable cost for housing? _____
5. Would you be interested in obtaining a medical card for your children?
Yes _____ No _____
6. Would you be interested in a budgeting workshop/training?
Yes _____ No _____
7. Would you be interested in furthering your education or job skills?
Yes _____ No _____