



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

608-634-7371

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
- 4 most recent pay stubs of all employed individuals in the household
- Proof of additional household income: Social Security, SSI, Child Support, etc.
- 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 other documents submitted
- Proof of valid Wisconsin driver's license for applicant with current address
- Registration for any current vehicles

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

Work-N-Wheels
Program Information

KEEP THIS PAGE

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 consistently employed there for 2+ 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 business 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 manual 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.
12. Private purchases are not allowed. All purchases must be through licensed dealerships that are within Crawford, Monroe, Vernon, or La Crosse counties. Please see the list of providers that already work with the program. These are suggestions only.



Work-N-Wheels Program Application

You are applying for VEHICLE LOAN assistance:

How did you hear of this program? _____

Participant Information

Date of Application:	County:	Village/Township/City:		
Name: (Last) Maiden name/other previous names:		(First) Also known as:	(M.I.)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's License # / State / Expiration Date	DOB:	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: 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:

<u>Race</u> (check one) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	<u>Marital Status</u> (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<u>Family Status</u> (check one) <input type="checkbox"/> No Children <input type="checkbox"/> Two parent family <input type="checkbox"/> Single Parent <input type="checkbox"/> Other _____	<u>Other</u> (check any that apply) <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled	<u>Education</u> (check one) <input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 9 th -12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree
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Household Income Information

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

<input type="checkbox"/> Unearned income: \$ _____	Source of Unearned Income: \$ _____ (Examples: SSDI, SSI, Alimony, Pension, unemployment, etc.)		
<input type="checkbox"/> FoodShare: \$ _____	<input type="checkbox"/> SSDI: \$ _____	<input type="checkbox"/> SSI: \$ _____	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> State Disability: \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Other: \$ _____	
<input type="checkbox"/> Child Support: \$ _____	County: _____	Person Paying Child Support: _____	
<input type="checkbox"/> Employment: \$ _____	<input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-Weekly, <input type="checkbox"/> Monthly, or <input type="checkbox"/> Yearly		
<input type="checkbox"/> Employment 2: \$ _____	<input type="checkbox"/> Hourly, <input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-Weekly, <input type="checkbox"/> Monthly, or <input type="checkbox"/> Yearly		
Total Monthly HH Income: \$ _____	Private Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Transportation Information

Current Automobile information, if applicable:

Year: _____ Make: _____ Model: _____ Mileage: _____ Est. Value: \$ _____

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: _____

REPOSSESSION HISTORY

Have you had a vehicle repossession or judgment against you for not paying on a car loan : No Yes

If Yes, describe the situation:

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: 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.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date	SS#	Date of Birth (Mo/Day/Yr)	
Race (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Relationship to Applicant: _____			

Household Member

Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date	SS#	Date of Birth (Mo/Day/Yr)	
Race (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Relationship to Applicant: _____			

Household Member

Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date	SS#	Date of Birth (Mo/Day/Yr)	
Race (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Relationship to Applicant: _____			

Household Member

Name: (Last)	(First)	(M.I.)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License # / State / Expiration Date	SS#	Date of Birth (Mo/Day/Yr)	
Race (check one): <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> 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 (May be contacted to provide information when necessary; 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 Signature

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.

- Dealership/Repair Shop/other vehicle service providers
- Department of Human Services of _____ County
- Please list lending institution(s): _____
- Please list insurance company: _____
- Please list budget or credit counseling agency: Consumer Credit Counseling Service
- 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	
• 2 nd Mortgage/Home Equity Loan/Lot Rent	
• Electricity/Heat (oil, gas, LP, wood)	
• Telephone/Cell Phone/Phone Cards	
• 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

Monthly Net Income: <i>(from top of page 1)</i>	\$ _____	\$ _____
	<u>Current Spending</u>	<u>Planned spending with \$125/Mo. Loan</u>
Monthly Expenses:		
<i>Total Housing Expenses (page 1)</i>	\$ _____	\$ _____
<i>Total Transportation Expenses (page 1)</i>	\$ _____	\$ _____
<i>Total Miscellaneous Expenses (page 1)</i>	\$ _____	\$ _____
<i>Total Flexible Expenses (page 2)</i>	\$ _____	\$ _____
<i>Total Creditors (page 2)</i>	\$ _____	\$ _____
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:

AUTO DEALERSHIPS

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

Crawford County		
Program Kars	Prairie Du Chien, WI	608-326-6050
Royce's Auto Body & Sales	Prairie Du Chien, WI	608-326-4044
Mezera Auto Sales	Eastman, WI	608-874-4443
Blackhawk Motors	Prairie Du Chien, WI	608-326-8400

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	608-637-7056
River Valley Auto Sales	Viroqua, WI	608-637-2000
Sleepy Hollow Chevy	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	La Crosse, WI	608-788-3245
Fechner Motors	West Salem, WI	608-786-3500
Keenan's Cherryland	West Salem, WI	608-786-1212
Wehr Chevrolet	Bangor, WI	608-486-2321

Online Shopping Sources: Dealership must be in Crawford, Vernon, La Crosse, or Monroe County

www.findcars.com

www.carsoup.com