

Car for Work Program Application (Short Form)

The CWP is a ministry of Samaritan Outreach. It was created to help qualified single mothers maintain a reliable car to get to work or school each day by providing financial grants for auto repair.

1. Are you a single mother with at least one child under the age of 13 living with you?
Yes ____ No ____ . If no, you are not eligible for this program. **STOP HERE.**
2. Do you own a car or van? Yes ____ No ____ . If no, you are not eligible for this program. **STOP HERE.**
3. Is your vehicle working well enough to get you to work or school each day? Yes ____ No ____ .
4. Do you live in Montgomery or Greene County in Ohio? Yes ____ No ____ If no, you are not eligible for this program. **STOP HERE.**
5. Are you employed at least 20 hours per week or attend college at least part-time in a degree program (trade school or job certification program included)? Yes ____ No ____ .If No, did the CWP Director grant you a waiver from this requirement? Yes ____ No ____ .
6. How did you hear about the CWP program? And who referred you to us? _____

7. Name of agency from which you were referred: _____
And are you actively involved in any program offered by this agency? Yes ____ No ____ .
Name and phone number of contact person at the agency from which you were referred: _____

Name _____ Age _____

Address:

Street _____ City, State _____, Zip _____

Telephone # _____ Email address (if any): _____

Family:

How many children do you have? _____

Please provide the following information for all of your children who currently live within your household for which you are the primary care-giver:

<u>Name (First/Last)</u>	<u>Age</u>	<u>Birth date (m/day/yr)</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Marital Status:

- Never Married
- Engaged
- Separated
- Divorced
- Widowed

Are you currently enrolled in a degree program? Yes ___ No _____. If yes, what is your anticipated date of graduation? Month _____ Year _____

- Current Monthly Gross Income:
- Less than \$600
 - More than \$600.00 but less than \$1,200.00
 - More than \$1,200.00 but less than \$1,500.00
 - More than \$1,500.00 but less than \$1,800.00
 - \$1,800.00 or greater

<u>Sources of Income</u>	<u>Monthly NET Income from:</u>	<u>Budget/Expense Items</u>	<u>Amount Spent/Month Expenses for</u>
Wages	_____	Rent/Mortgage	_____
WIC	_____	Auto Repair	_____
Child Support	_____	Utilities	_____
Food Stamps	_____	Food and Groceries	_____
Social Security	_____	Education	_____
Church Support	_____	Daycare	_____
Inheritance	_____	Consumer Debt	_____
Disability	_____	Auto Insurance	_____
Home Business	_____	Life Insurance	_____
Other	_____	All Other	_____
Total Income:	\$ _____	Total Expenses:	\$ _____

Signature _____ Date _____

Send your completed application to the Samaritan Outreach office either by mail (P.O. Box address) or fax at 937-275-7310. Also, please note that the following information must be available upon request. **DO NOT SEND UNTIL REQUESTED**

- Proof of income (either your last two pay statements to cover at least one month of work or last year's W-2)
- Copy of driver's license
- Copy of your auto insurance card
- Copy of Car Title as verification of ownership
- Written estimate for repairs (if applicable)

Note: The Samaritan Outreach Steering Committee reserves the right to select participants, determine the number of participants, and designate how funds will be used and dispersed. Moreover, they will oversee the administration of all grants, in-kind gifts, and reserve funds. Please be advised that applicants who deliberately falsify information will be automatically disqualified from the program. **Privacy Act Waiver:** Upon signing this application, the applicant gives Samaritan Outreach permission to seek or share pertinent information for processing the application and promoting the ministry.

CWP Auto Repair Waiver & Permission Form

ATTENTION – All Car for Work Program (CWP) applicants must complete this form along with the CWP application (short form). Once completed, both forms must be submitted together.

PLEASE READ THE FOLLOWING AND INITIAL:

I give permission to Samaritan Outreach (SO) to speak directly to the auto repair service provider (mechanic) and potential providers on my behalf to negotiate price, assess the condition of my vehicle, and receive written and verbal information pertaining to the same.

_____initials

I give permission to SO to use a mechanic of their choice to repair my vehicle. _____initials

If the estimate to repair my vehicle exceeds 15% of the original quote as provided with my application, I understand and have been made aware that SO reserves the right to NOT repair my vehicle. In such instances, SO will, however, pay the cost for getting an estimate and diagnostic work but NOT cover your costs to pick up the vehicle or have it moved to another location.

_____initials

I understand that SO staff are not mechanics and, consequently, I will not hold them or the organization liable for any damages resulting from the repair work done by the mechanic used. _____initials

Once the repair work has been completed, I agree to pick up my vehicle in a timely manner (within 3 days of completion) unless prevented by inclement weather or sickness. If such conditions prevent me from picking up my vehicle within 3 days of completion, I will notify the mechanic and the Director of SO as soon as possible. I understand that if I do not abide by this policy, I will be disqualified from future help with car repair and other SO ministries/grants.

_____initials

If I do not agree to all of the conditions above as indicated by my initials, I understand that SO reserves the right to withhold any and all grant funds for auto repair.

_____initials

Print Name: _____

Signature: _____

Date: _____

Please complete this form and return to Rev. Jeff Baugham by fax or mail. The fax # is 937-275-7310. The mailing address is: SO, c/o Rev. Jeff Baugham, P.O. Box 3842, Dayton OH 45401
