

Way to Go, Inc. WorkCars Program

The WorkCars program was established to provide low vehicle financing to Non-TANF clients seeking to obtain a safe, used vehicle [TANF-eligible clients, those who have received TANF assistance within the past two years, seeking to obtain a vehicle should use the “Vehicles for Change” application]. The WorkCars program is a partnership between Way to Go and Farmers & Merchants Bank (F&M Bank). F&M Bank has agreed to provide vehicle financing at an affordable interest rate (7.99%) to clients eligible for Way to Go services, largely regardless of credit history.

Clients interested in the WorkCars program are required to submit a credit check application prior to completing the full WorkCars Application below. Clients with limited or poor credit history may still qualify for this program. F&M Bank reserves the right at its sole discretion to disqualify clients for the WorkCars program based upon results from the credit check. It is unlawful for clients under bankruptcy to sign a new loan document, and therefore are ineligible to apply to the WorkCars program.

Clients who receive credit approval should work with his/her social worker or case manager to complete the full WorkCars Application. Applications are presented at monthly coalition meetings (typically held every third Tuesday of each month) where the Way to Go Board of Directors vote to recommend applicants for the WorkCars program. Following recommendation from the Board of Directors, clients will be contacted by the Way to Go Program Coordinator to schedule an in-person interview with the Way to Go Loan Committee. The Way to Go Loan Committee will learn more about the client’s need for a vehicle and ability to make monthly payments during the informal interview. The Loan Committee will then vote to approve clients for the WorkCars program. Approved clients are required to complete a financial literacy course prior to receiving a vehicle.

If approved, clients will work with the Way to Go Program Coordinator to select a car from a list of inventoried, used vehicles from local car dealerships. Typically, vehicles provided through this program were manufactured between 1997 and 2005. Limited warranties for these vehicles vary depending upon the car dealership. Way to Go will provide a small down payment for these vehicles, along with financial assistance for car insurance. Full insurance coverage is required for all WorkCars vehicles. Clients are responsible for monthly car payments of approximately \$150, depending upon cost of vehicle and financing terms.

Individuals wishing to obtain a vehicle through this program must meet the following qualifications:

- Reside in the City of Harrisonburg or Rockingham County;
- Working at least 30 hours per week OR working at least 25 hours per week if a full-time student;
- Current and valid Virginia driver’s license;
- Insurable and have a driving record no worse than -5 (negative five) points;
- No other vehicle in your household (or can provide written documentation from reputable technician or repair shop indicating that the cost of needed repairs significantly exceeds the fair market value of the vehicle);
- Drug free;
- Able to pay for insurance, and the ongoing expense of fuel and car maintenance;
- Able to cover fees for taxes, tags and title (Way to Go pays initial DMV fees); and
- Recommended for a vehicle by a social worker or case manager who knows client’s needs, resources, and work history.

APPLICATION PROCEDURE

Step One: Determine program eligibility from list of qualifications mentioned above.

Step Two: Applicant to complete the Farmers & Merchants Bank “Consumer Credit Application.” Applicant notified of credit application result by the Way to Go Program Coordinator. If approved, move to Step Three.

Step Three: Applicant, along with sponsoring social worker or case manager, to complete WorkCars Application. Submit application to Way to Go Program Coordinator.

Step Four: Application presented to Way to Go Board of Directors for recommendation (meetings held every third Tuesday of each month). If applicant is recommended by the Board of Directors, move to Step Five.

Step Five: Applicant attends an informal interview where the Way to Go Loan Committee votes to approve the applicant for a vehicle through the WorkCars program.

Step Six: Applicant completes a financial literacy course.

Step Seven: Approved applicants to work with Way to Go Program Coordinator to select a vehicle.

APPLICATION CHECKLIST

Applicants to submit the following documents for consideration of a WorkCars vehicle only after receiving Consumer Credit Application approval:

1. WorkCars Application
2. Copy of Unexpired Driver’s License
3. Three-year Driving Record for everyone in your household who is licensed to drive (obtain from DMV)
4. Copy of Social Security Card
5. Proof of Income (e.g., paystubs or signed letter from employer)
6. Original Third Party Authorization Disclosure

Please send completed packet:

Via Mail

Way to Go, Inc.
P.O. Box 946
Harrisonburg, VA 22803

Or

Via Fax

(540) 208-7496

Electronic copies may be sent to:

ben@w2ginc.org

For questions, please call:

Ben Craig, Program Coordinator at (540) 705-6201



F & M Bank(Dealer Finance Division)

Consumer Credit Application

Dealer Contact _____

INDIVIDUAL JOINT

Telephone _____

Applicant: Last First Middle

Co-Applicant: Last First Middle Relationship

Date of Birth Social Security Number US Citizen Yes No

Date of Birth Social Security Number US Citizen Yes No

Street Address Phone Number

Street Address Phone Number

City, State, Zip Years There

City, State, Zip Years There

Cell # E-mail Address

Cell # E-mail Address

Previous Address (if less than 2 years at current) Years There

Previous Address (if less than 2 years at current) Years There

Employer Phone Number

Employer Phone Number

Address

Address

Position Yrs. There Gross Annual Income

Position Yrs. There Gross Annual Income

Previous Employer Position Years There

Previous Employer Position Years There

Nearest Relative (Not living with you)

Nearest Relative (Not living with you)

Address Relationship

Address Relationship

If you do not wish to rely upon income from alimony, child support or separate maintenance payment as a basis for repaying this obligation, such income need not be reviled.

If you do not wish to rely upon income from alimony, child support or separate maintenance payment as a basis for repaying this obligation, such income need not be reviled.

Mortgage/Landlord Own Rent Other

Mortgage/Landlord Own Rent Other

Monthly Payment Balance Estimated Value

Monthly Payment Balance Estimated Value

Depository Institution Total on Deposit

Depository Institution Total on Deposit

Year Make Model MSRP

New Used

VIN# Mileage

Options: CD DVD NAV Power Window Power Locks Leather Sunroof Alloy Wheels 4X4 Automatic

Trade: Year Make Model Balance on Trade

RETAIL

Number of Payments _____

Total Sales Price _____

Trade Equity _____

Cash Down _____

Manufacturer Rebate _____

TOTAL AMOUNT FINANCED _____

DUE TO THE PASSAGE OF THE "PATRIOT ACT", WE ARE REQUIRED TO NOTIFY OUR CUSTOMERS OF THE FOLLOWING: VERIFICATION OF CUSTOMERS IDENTITY – Federal laws and regulations require us to request information from you prior to opening an account or adding an additional signatory to an account. The information we request may vary depending on the circumstances, but at a minimum will include your name, address, identification number such as your social security number or taxpayer identification number, and or the individuals, your date of birth. We are also required to verify the information by other means. We reserve the right to request additional information. Everything that I/We have stated in this application is correct to the best of my knowledge. I/We understand that you will retain this application whether or not it is approved. I/We authorize any creditor to whom this application is forwarded to obtain.

Applicant's Signature Date

Co-Applicant's Signature Date

WorkCars Application

APPLICANT DATA

Name of Applicant: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

S.S. # _____ Driver's License: _____

Are you licensed to drive? Yes No

Can you drive a motor vehicle? Yes No

Can you drive a stick shift? Yes No

Are there others in your household licensed to drive? Yes No

If yes, Name and relationship: _____

HOUSEHOLD MEMBERS (including applicant)

Name	Relationship to applicant	Date of Birth
	SELF	

NOTE: Owners of a vehicle received through this program MUST obey all child restraint laws and assure that children are properly secured in a vehicle at all times.

Number of children not living in your home: _____ Ages: _____

Are any of your children in day care? Yes No How many? _____ Hours: _____

Do any household members own a car, van or truck? Yes No

If yes, name of person: _____

Do you have access to this vehicle? Yes No

Are there major issues/repairs needed for this vehicle? Yes No If Yes, please describe issues: _____

If relevant to your application, list any family members who are disabled. Provide disability. _____

BUDGET INFORMATION

Household income and expense information must be completed accurately. Applicants are encouraged to complete this budget with their sponsoring social worker or case manager, if possible. All items below should be recorded on a monthly basis. All figures below should reflect income and expenses for the entire household, not just the applicant.

Household Income

Take Home Wages/Salary (after taxes) \$ _____

(If you are paid weekly take the earnings amount, multiple by 52, and then divide by 12; if you are paid by-weekly, multiply your check by 26 and then divide by 12)

Child Support \$ _____

(Only include if you are sure to receive it every month)

Food Stamps \$ _____

TANF or other State support \$ _____

(Only include if you will receive for at least 9 more months)

SSI (amount of monthly check) \$ _____

Other Income (list on lines below)

_____ \$ _____

_____ \$ _____

TOTAL INCOME \$ _____

Household Expenses

Housing Costs

Mortgage/Rent \$ _____

House Repairs \$ _____

Insurance \$ _____

Total Housing \$ _____

Utilities

Gas and Electric \$ _____

Water and Sewer \$ _____

Phone (include cell) \$ _____

Cable and Internet \$ _____

Total Utilities \$ _____

Child Care and School Expenses

Childcare \$ _____

School Materials \$ _____

Other \$ _____

Total Child Care and School Expenses \$ _____

Medical Expenses (you will need to determine or estimate Medical Expenses on a monthly basis)

Insurance \$ _____
Prescriptions \$ _____
Doctor Visits \$ _____

Doctor visits includes: primary care, dentist, and eye exams

Total Medical Expenses \$ _____

Transportation

Car ownership \$ _____
Car Insurance \$ _____
Gas \$ _____
Car Repairs \$ _____
Monthly Cab or Bus Fare \$ _____
Ride Payments to Friends \$ _____

Total Transportation \$ _____

Food - Meals and Groceries – Including Food and Non-Food Items

If you receive food stamps, this must be equivalent to the amount received and listed above.

Restaurants \$ _____
Groceries \$ _____

Groceries includes: cleaning supplies, household items, toiletries, cosmetics, personal items.

Total Food \$ _____

Miscellaneous

Clothing \$ _____
Student Loans \$ _____
Pet Items & Vet \$ _____
Entertainment/Recreation \$ _____
Credit Card \$ _____
Gifts \$ _____
Personal Care \$ _____

Personal Care includes: hair, nails, etc.

Total Miscellaneous \$ _____

TOTAL EXPENSES \$ _____

AVAILABLE MONTHLY FUNDS (Total Income minus Total Expenses) \$ _____

Have you received Cash Assistance or other benefits in the past 24 months? (Food stamps, medical assistance, POC etc.)

___ Yes ___ No For how many months? _____ From which agency? _____

Money in Savings Account or Other Savings \$ _____

EMPLOYMENT

Are you currently employed? Yes No Number of hours per week? _____

Hours: Begin _____ am/pm End: _____ am/pm Shift 1st 2nd 3rd

Current Employer: _____

Address: _____

Contact Person: _____ Phone: _____

How long have you been employed there? _____ Position: _____

List your last three employers, your position with that employer, and the dates of the employment:

1. _____

2. _____

3. _____

If you are not currently employed, do you have a verifiable job offer? Yes No

If yes, please list the following:

Employer: _____

Address: _____

Contact Person: _____ Position: _____

How are you getting to work now? _____

How will a car allow you to become/remain self-sufficient and improve your life?

APPLICANT REFERENCES

- References can be family members, friends, co-workers, etc.
- Must have **COMPLETE** names, addresses and phone #'s (including area codes & zip codes)
- **No P.O. Boxes**, must be a physical address
- No two people can live at the same address, must be separate addresses for each reference

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Relationship: _____

PROFESSIONAL REFERENCE

To be completed by Sponsoring Social Worker or Case Manager

Sponsoring Agency: _____

Contact Name and Position: _____

Phone: _____

Mailing Address: _____

E-Mail: _____

Fax: _____

Explain why the applicant is a good candidate for a vehicle through the WorkCars program:

Explain any of the client's extenuating circumstances:

Explain how a car will allow the client to become or remain self-sufficient and improve the quality of life for them and their family:

Signature of Reference: _____

Date: _____

PHOTOGRAPHIC CONSENT FORM

Way to Go, Inc. may be interested in sharing your story with others via newsletters, email, fliers, postcards, media, etc. Sharing this information will allow Way to Go to continue its mission to assist families in achieving financial and personal independence. Stories and photos encourage people to donate their vehicles, which allows Way to Go to assist more families.

If you agree to allow Way to Go to use your photo/story, please complete Section A. If you prefer that we refrain from publishing your photo/story, please complete Section B.

Section A:

The undersigned does hereby authorize Way to Go, Inc. and/or its associates, assistants, or subcontractors to photograph/film

Name (please print)

The undersigned authorizes Way to Go to permit the use and display of said photographs for use in any publication, multimedia production, display, advertisement or World-Wide Web Publication.

The undersigned agrees that Way to Go may use name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges Way to Go and its employees from any and all claims and demands arising out of or in connection with the use of said photographs / images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

Signature of Subject

Signature of Way to Go Witness

Date

Date

Section B:

I do not wish to have my story or photograph utilized in any production to further the mission of Way to Go.

Signature of Subject

Printed Name of Subject

Date

Signature of Way to Go Witness

Printed Name of Witness

Date

CUSTOMER AGREEMENT

As a customer of a WorkCars vehicle through Way to Go, Inc., I understand that I must fulfill the following responsibilities:

- Maintain my car with regular maintenance including tune-ups, oil changes and other normal maintenance procedures. The procedures are designed to reduce the chance of major mechanical problems and prolong the life of the car.
- Maintain employment of at least 30 hours per week.
- Make monthly car payments on time each month.
- Contact Way to Go at (540) 705-6201 prior to any repairs not covered under dealership warranty. Way to Go will not consider paying for repairs that have not been pre-authorized.

Way to Go, Inc. will not pay for any damages caused by collision, vandalism, negligence or faulty operation or maintenance. Negligence includes driving the car after the temperature gauge and/or warning light has registered "HOT." This will result in extreme damage to the engine and it can only occur through driver negligence.

I understand that it is the goal of Way to Go, Inc. to provide me with reliable transportation so that I may help myself become financially secure. The car I receive may be 7 – 15 years old and may have over 125,000 miles. The car may have some minor problems. These will not affect the safety or drivability of the car.

I have read the requirements as outlined on page one of this application and I meet each of the requirements necessary to qualify for a car from Way to Go, Inc.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for the rejection of this application. Further I understand and agree that evaluation of this application does not guarantee a car from Way to Go, Inc.

I understand the "Customer Agreement" and agree to the terms outlined above.

Signature

Date