



Way to Go, Inc. Donated Vehicle Program

Way to Go works closely with members in our community to obtain safe and good-operating used vehicles which are then donated at no charge to local families who are seeking to obtain a vehicle and meet all Way to Go eligibility criteria. Completing an application does not guarantee a vehicle. Applicants wishing to apply for a car through this program must work with their referring agent (e.g., social worker or case manager from a local agency or organization) to complete this application. Upon satisfactory review of submitted applications, applicants are required to attend a interview with the Way to Go Vehicle Awards Committee for vehicle approval. Referring agents are requested to also attend this meeting.

Individuals wishing to receive a donated car through this program must meet the following qualifications:

- You must be working at least 30 hours per week. Full-time students must be working at least 25 hours per week (**please provide proof of income, such as a recent paystub or job offer letter**).
- You must have a current and valid Virginia driver's license (**please provide copy of license**).
- You must be insurable and have a driving record no worse than a -5 (**please provide copy of driving record**). Clients can obtain their driving record directly from the DMV website:
https://www.dmv.virginia.gov/dmvnet/pin_maint/pin_logon.aspx
- You must not have access to any other vehicle in your household, or be able to provide documentation from a certified repair shop stating your current vehicle has significant issues where the cost of repairs would exceed the value of the vehicle.
- You must be drug free and have no extensive criminal background.
- You must be able to pay for your insurance, and the ongoing expense of fuel and car maintenance.
- You must be able to cover fees for taxes, tags and title (Way to Go pays initial DMV fees).
- Must be recommended for a vehicle by a social worker or case manager who knows your needs, resources, and work history.

Frequency and types of cars provided through this program vary based on vehicle donations from members in the community. Therefore, applicants approved for this program are typically placed on a waiting list until a vehicle becomes available. The wait time can take months based on interest in the program, number of approved applicants on the waiting list, and availability of vehicles for donation.

Please send completed packet:

Via Mail

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

Or

Via Fax (540) 675-4036

Electronic copies may be sent to: magali@w2ginc.org

For questions, please call:

Magali Salgado, Client Services Coordinator at (540) 705-6201

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	

If additional space is needed for family members, please use the back of this page.

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. _____

HOUSEHOLD INCOME

Your income and expense information must be completed accurately. Applicants should complete this budget part of the application with someone from the sponsoring agency, if possible. Items below are on a monthly basis.

Take Home Wages/Salary (after taxes)

\$ _____

(If you are paid weekly take the earnings amount a multiple it by 52 and then divide by 12; if you are paid by-weekly, multiply your check by 26 and 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 OF ALL INCOME LISTED ABOVE

\$ _____

MONTHLY HOUSEHOLD EXPENSES

♥ CHARITY *10-15%

Tithes _____

Charity & Offerings _____

Total Charity: _____

💰 SAVING *10-15%

Emergency Fund _____

Retirement Fund _____

College Fund _____

Total Saving: _____

🏠 HOUSING *25-35%

First Mortgage/Rent _____

Second Mortgage _____

Real Estate Taxes _____

Repairs/Maint. _____

Association Dues _____

Total Housing: _____

⚙️ UTILITIES *5-10%

Electricity Gas _____

Water _____

Trash _____

Phone/Mobile _____

Internet Cable _____

Total Utilities: _____



📦 Groceries _____

📦 Restaurants _____

Total Food: _____

👕 CLOTHING *2-7%

📦 Adults _____

Children _____

Cleaning/Laundry _____

Total Clothing: _____

🚗 TRANSPORTATION *10-15%

Gas & Oil _____

Repairs & Tires _____

License & Taxes _____

Car Replacement _____

Other _____

Total Transportation: _____

🏥 MEDICAL/HEALTH *5-10%

Medications _____

Doctor Bills _____

Dentist _____

Optometrist _____

Vitamins _____

Other _____

Other _____

Total Medical/Health: _____



INSURANCE

*10-25%

Spent

Budgeted

Life Insurance _____

Health Insurance _____

Homeowner/Renter _____

Auto Insurance _____

Disability Insurance _____

Identity Theft _____

Long-Term Care _____

Total Insurance: _____



PERSONAL

*5-10%

Spent

Budgeted

Child Care/Sitter _____

Toiletries _____

Cosmetics/Hair Care _____

Education/Tuition _____

Books/Supplies _____

Child Support _____

Alimony _____

Subscriptions _____

Organization Dues _____

Gifts (inc. Christmas) _____

Replace Furniture _____

Pocket Money (His) _____

Pocket Money (Hers) _____

Baby Supplies _____

Pet Supplies _____

Music/Technology _____

Miscellaneous _____

Other _____

Other _____

Total Personal: _____



RECREATION

*5-10%

Spent

Budgeted

Entertainment _____

Vacation _____

Total Recreation: _____



DEBTS

Spent

Budgeted

Car Payment 1 _____

Car Payment 2 _____

Credit Card 1 _____

Credit Card 2 _____

Credit Card 3 _____

Credit Card 4 _____

Credit Card 5 _____

Student Loan 1 _____

Student Loan 2 _____

Student Loan 3 _____

Student Loan 4 _____

Other _____

Other _____

Other _____

Other _____

Other _____

Once you have completed filling out each category, subtract all category totals from your take-home pay.

Total Income: _____

Total Expenses: _____

Available Monthly Funds: _____

(Total Income - Total Expenses)

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?

PLEASE NOTE: Distribution of vehicles to eligible applicants depends on the availability of vehicles. From the submission of your application to the receipt of your car, the process may take months. Please be patient. Applicants/Sponsoring agencies will be advised as to the status of the application as they move through the process. Completion of this application does not guarantee that you will receive a car.

PROFESSIONAL REFERENCE

To be completed by Sponsoring Agency

Sponsoring Agency: _____

Phone: _____

Mailing Address: _____

Contact: _____ (Social worker, case manager, etc.)

E-Mail: _____

Fax: _____

Why would the applicant be a good candidate for a car from Way to Go, Inc.? Please explain:

Explain any extenuating circumstances:

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

****Submit With Your Application****

- 1. A copy of the applicant's social security card.**
- 2. A copy of a valid Virginia driver's license for all licensed drivers in your household.**
- 3. Proof of income (paycheck stubs for last month) or letter from employer on company letterhead stating income and hours to be worked.**
- 4. Three-year driving record, to be reviewed for insurability, for everyone in your household who is licensed to drive. You can obtain this information from the DMV.**

Read Carefully and Sign Below

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 hereby provide permission to the Department of Social Services or sponsoring agency to release any information to Way to Go pertaining to my address, phone, work and/or name. I also provide the Department of Social Services or sponsoring agency with permission to update Way to Go on any changes to this information until vehicle is received.

Signature of Applicant(s)_____

Date_____

CUSTOMER AGREEMENT

As a customer of a donated car from 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.
- Contact Way to Go at (540) 705-6201 prior to any repairs. Way to Go will not consider paying for repairs that have not been pre-authorized.
- Way to Go does not provide a limited warranty on donated vehicles, however will work with the customer to resolve any repair issues.

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

Signature

Date