



## Way to Go, Inc. WorkCars Program

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The WorkCars program was established to provide affordable vehicle financing to clients seeking to obtain a safe, used vehicle necessary for employment. The WorkCars program is a partnership between Way to Go and Farmers & Merchants Bank (F&M Bank). F&M Bank has agreed to provide bank-rate vehicle financing to clients eligible for Way to Go services, largely regardless of credit history. Credit terms include 7.99% APR for up to 36 months.

Clients interested in the WorkCars program must first be recommended for the program by a representative from a local agency or organization. Clients must work with their referring agent to complete this application. It is advised that clients provide referring agents with their two-year driving record prior to completing the application, as clients with a driving point balance below a negative 5 are ineligible to apply. Additionally, clients are required to submit a completed F&M Consumer Credit Application (see page 3) 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. In addition to the eligibility requirements listed below, clients must show a strong work record and have sufficient available monthly funds after all expenses have been paid (no less than \$450) necessary for vehicle ownership.

Upon satisfactory review of submitted applications by the Way to Go office and after credit approval from F&M Bank, clients will be contacted by Way to Go to schedule an in-person interview with the Way to Go Vehicle Awards Committee. The Vehicle Awards Committee will learn more about the client's need for a vehicle and ability to make monthly payments during the informal interview. Referring agents are requested to also attend this meeting. The 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 as well as future maintenance, insurance, gas, taxes, and tags/registration.

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 monthly car payment, insurance (full coverage required), 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.

*last updated: 7/20/2018*

## APPLICATION PROCEDURE

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**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:** Applicant attends an informal interview where the Way to Go Vehicle Award Committee votes to approve the applicant for a vehicle through the WorkCars program.

**Step Five:** Applicant completes a financial literacy course.

**Step Six:** Approved applicants will 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)

### **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](mailto:magali@w2ginc.org)

**For questions, please call:** Magali Salgado, Client Services 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 ☐ NoDate 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

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## 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. \_\_\_\_\_

## HOUSEHOLD INCOME

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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**

\$ \_\_\_\_\_

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## 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: \_\_\_\_\_



### 🍎 FOOD \*5-15%

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 ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup>

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

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- 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:

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Explain any of the client's extenuating circumstances:

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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:

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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.

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Signature

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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\_\_\_\_\_