

# Way to Go, Inc.

## Donated Vehicle Program

Way to Go, Inc. 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 social worker or case manager to complete this application. Applications are presented at monthly coalition meetings where the Way to Go Board of Directors vote to approve applicants for the donated vehicle program.

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 most recent three months of paystubs**).
- 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**).
- 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) 208-7496

**Electronic copies may be sent to:** [magali@w2ginc.org](mailto:magali@w2ginc.org)

### **For questions, please call:**

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



## HOUSEHOLD INCOME

Your monthly income and expense information must be completed accurately. Applicants should complete this budget part of the application with someone from the sponsoring agency.

**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

Tithes \_\_\_\_\_

Charity/Offerings \_\_\_\_\_

**Total Charity:** \_\_\_\_\_

## Saving

Emergency Fund \_\_\_\_\_

Retirement Fund \_\_\_\_\_

College Fund \_\_\_\_\_

**Total Saving:** \_\_\_\_\_

## Housing

Mortgage/Rent \_\_\_\_\_

Repairs/Maint. \_\_\_\_\_

HOA Dues \_\_\_\_\_

**Total Housing:** \_\_\_\_\_

## Utilities

Electric/Gas \_\_\_\_\_

Water \_\_\_\_\_

Trash \_\_\_\_\_

Phone/Mobile \_\_\_\_\_

Internet/Cable \_\_\_\_\_

**Total Utilities:** \_\_\_\_\_

## Food

Groceries \_\_\_\_\_

Restaurants \_\_\_\_\_

**Total Food:** \_\_\_\_\_

## Transportation

Gas \_\_\_\_\_

Repairs \_\_\_\_\_

DMV Fees \_\_\_\_\_

Rideshare \_\_\_\_\_

\*(Uber, Lyft, Taxi)

**Total Transportation:** \_\_\_\_\_

## Medical/Health

Medication/Supplement \_\_\_\_\_

Medical Bills \_\_\_\_\_

Other \_\_\_\_\_

**Total Medical/Health:** \_\_\_\_\_

## Insurance

Life Insurance \_\_\_\_\_

Health Insurance \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Home/Renters Insurance \_\_\_\_\_

**Total Insurance:** \_\_\_\_\_

**Miscellaneous**

Child Care \_\_\_\_\_

Education/Tuition \_\_\_\_\_

Books/Supplies \_\_\_\_\_

Child Support Paid by Client \_\_\_\_\_

Alimony Paid by Client \_\_\_\_\_

Subscriptions \_\_\_\_\_

Organization Dues \_\_\_\_\_

Furniture \_\_\_\_\_

Clothing \_\_\_\_\_

Baby Supplies \_\_\_\_\_

Pet Supplies \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Total Miscellaneous:** \_\_\_\_\_

**Debts**

Car Loan Payment 1 \_\_\_\_\_

Car Loan Payment 2 \_\_\_\_\_

Credit Card 1 \_\_\_\_\_

Credit Card 2 \_\_\_\_\_

Credit Card 3 \_\_\_\_\_

Student Loan 1 \_\_\_\_\_

Student Loan 2 \_\_\_\_\_

Student Loan 3 \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Total Debts:** \_\_\_\_\_

Once all categories have been completed correctly, subtract all category totals from total income.

**Total Income:** \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

**Available Monthly Funds:** \_\_\_\_\_

Budget Notes:

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# 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Social Worker or Case Manager*

**Sponsoring Agency:** \_\_\_\_\_

**Contact Name and Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Explain why the applicant is a good candidate for a vehicle through the Donated Vehicle 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: \_\_\_\_\_

**\*\*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 the last 3 months).**
- 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\_\_\_\_\_



## 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 online publication.

The undersigned agrees that Way to Go may use name 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 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 10-20 years old and may have over 125,000 miles. The car may have some minor problems. This will not affect the safety or drivability of the car.

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

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Signature

Date