



Way to Go, Inc. WorkCars Program

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). Recently, Way to Go also began partnering with Pendleton Community Bank (PCB). F&M and PCB have both agreed to provide bank-rate vehicle financing to clients eligible for Way to Go services, largely regardless of credit history. Credit terms include low APR's for up to 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) and PCB Dealer Finance Application (see page 4) prior to completing the full WorkCars Application below. Clients with limited or poor credit history may still qualify for this program. F&M Bank and PCB Bank reserve 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 \$600) necessary for vehicle ownership.

Upon satisfactory review of submitted applications by the Way to Go office and after credit approval from F&M Bank or PCB Bank, clients will be contacted by Way to Go to schedule an in-person interview with the Way to Go Vehicle Award Committee. The Vehicle Award 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 required to also attend this meeting. The Committee will then vote to approve clients for the WorkCars program.

If approved, clients will work with Way to Go staff to select a car from a list of inventoried, used vehicles from local car dealerships. 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-\$200, 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
- Referred with a vehicle application by a social worker or case manager who knows client's needs, resources, and work history.

last updated: August 2024

APPLICATION PROCEDURE

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

Step Two: Applicant to complete the Farmers & Merchants Bank “Consumer Credit Application” and Pendleton Community Bank's "Dealer Finance Application."

Applicant will be 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 staff.

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 staff 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 (3 months of paystubs showing 30 hours per week)

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 Supervisor 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.

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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



Pendleton Community Bank
Dealer Finance Application

Dealer Contact
 Phone Number

Initial Appropriate Line: Individual We intend to apply for Joint Credit Applicant Co-Applicant

Applicant: Last				First				Middle				Co-Applicant: Last				First				Middle											
Date of Birth				Social Security Number				US Citizen				Date of Birth				Social Security Number				US Citizen											
								Yes <input type="checkbox"/> No <input type="checkbox"/>												Yes <input type="checkbox"/> No <input type="checkbox"/>											
Street Address								Phone Number								Street Address								Phone Number							
City, State, Zip								Yrs There								City, State, Zip								Yrs There							
Cell #				E Mail address				Cell #				E Mail address																			
Previous Address (If less than 2 years)								Yrs There								Previous Address (If less than 2 years)								Yrs There							
Employer								Phone Number								Employer								Phone Number							
Address																															
Position				Yrs There				Gross annual income				Position				Yrs There				Gross annual income											
Previous Employer				Position				Yrs There				Previous Employer				Position				Yrs There											
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 revealed.																															
Mortgage/ Landlord				Own <input type="checkbox"/>				Rent <input type="checkbox"/>				Other <input type="checkbox"/>				Mortgage/ Landlord				Own <input type="checkbox"/>				Rent <input type="checkbox"/>				Other <input type="checkbox"/>			
Monthly Payment				Balance				Estimated Value				Monthly Payment				Balance				Estimated Value											
Depository Institution								Total on Deposit								Depository Institution								Total on Deposit							
New <input type="checkbox"/>		Year		Make		Retail		Number of Payments		Total Sales price		\$		-		Trade Equity		\$		-											
Used <input type="checkbox"/>																															
Model		MSRP		Cash Down		\$		-		Manufacturer Rebate						Total Amount Financed		\$		-											
VIN																															
Trade		Year		Make		Model		Balance on Trade																							

DUE TO THE PASSAGE OF THE "PATRIOT ACT" WE ARE REQUIRED TO NOTIFY 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 tax payer identification number, and for individuals, your date of birth. We are also required to 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			

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. Items below are on a monthly basis.

Take Home Wages/Salary (Net Pay) \$ _____
(Use chart below if needed)

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 \$ _____

Feel free to use the table below to calculate monthly Take Home Wages/Salary.

*Remember to use net pay not gross pay when calculating monthly income. The average of three months is the amount you will use for Take Home Wages/Salary.

	Total Monthly Income from Paystubs
Month 1:	
Month 2:	
Month 3:	
Average: (Add all 3 months then divide by 3)	

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:

EMPLOYMENT

Current Employer: _____

Address: _____

Contact Person: _____ Phone: _____

Number of hours per week? _____

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

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

How are you currently getting to work? _____

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

1. _____

2. _____

3. _____

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 Referring Agent

Sponsoring Agency: _____

Contact Name and Position: _____

Phone: _____

E-Mail: _____ **Fax:** _____

Explain why the applicant is a good candidate for a vehicle through Way to Go's vehicle acquisition programs:

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 Referring Agent: _____

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

****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 of 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, we 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.

Signature

Date