



## JumpStart Application Checklist

Are you a resident of: Barron, Chippewa, Dunn, Pierce, Pepin, Polk or St. Croix counties?

Do you have an income that can support a car payment, full coverage car insurance and the \$40 per month deposit into a Repair Saving Account? (Average car payment, insurance & repair account deposit ranges from \$275 to \$350 per month) If you are not sure, don't worry we will review your income and budget. If you don't have an income unfortunately, this program will be unable to help you.

Do you have the required 5% down payment and the \$500 program participation fee available?  
(Example – 5% down on a \$8,000 loan is \$400 + \$500 program fee = \$900 cash needed to obtain a car loan.

Be sure to fill out the Application, Monthly Household Budget Form, and the Release of Information Authorization Form. Missing information or incomplete information will delay the process.

Have you worked with the JumpStart Program before?      Yes      No

Have you ever had a vehicle repossessed?      Yes      No



# JumpStart Program Application

Please complete the following information. If you need assistance completing this application, please call 1-715-598-4750.

Full Legal Name (please print): \_\_\_\_\_

Married    Separated    Divorced    Single/Unmarried    Other: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Monthly Housing Payment \$ \_\_\_\_\_ Length at Present Address: \_\_\_\_\_

Own free & clear    Own with a mortgage    I rent this property    This is a life estate    Live with family

Primary Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_

**Complete information for you and all members in your household. See below CODES for reference:**

First Name	MI	Last Name	Social Security Number	Relationship to Head of Household	Sex	Date of Birth	Active Military or Veteran Y/N	Race Code see below	Hispanic Y/N	Highest Level of Education Completed	Disability Code (see below)	Medical Ins Code (see below)	Citizen Code (see below)
				SELF <small>SS</small>									

**Race Code:** AI – American Indian/Alaska Native, NH – Native Hawaiian/Pacific Islander, A – Asian, B – Black/African American, W – White, MR – Multi-Racial, O – Other

**Disability Code:** M – Mental Illness, L – Learning, C – Cognitive, V – Visual, B – Blind, S – Speech, H – Hearing, D – Deaf, BR – Breathing, O – Orthopedic, P – Physical, OT – Other

**Medical Code:** E – Employer Based, ME – Medicare, MD – Medicaid, VA – Military Health Care, S – State of WI (Forward Health/BadgerCare), D – Direct Purchase, N – None, O – Other

**Citizenship Status Code:** N – Natural Born US Citizen, E – Eligible Legal Resident, NE – Non-Eligible Legal Resident, I – Illegal Resident

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Return to West CAP, PO Box 308, Glenwood City, WI 54013 or email to westcap@wcap.org

**INCOME SOURCE(S)**



**You must have income to qualify for this program.** Only complete for household members 18 years of age and over (attach separate page if needed).

Household Member	Type of Income (see below list)	Name of Employer	Profession/Job Title	Length of Employment <small>*if less than 2 years at current employer, list previous employment</small>	Hours worked per week	Gross Monthly Wage

**“Type of Income”:** Employment Wages, Child Support, Alimony, Pension/Retirement, Self-Employment, Social Security/SSI/SSD, TANF, Tips/Commission, Unemployment, US Military Pay, VA Payment, Work Comp, Other.

**Please check any of the following non-cash benefit(s) you receive:**

<input type="checkbox"/> SNAP	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other
<input type="checkbox"/> WIC	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Childcare Voucher	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Affordable Care Act Subsidy	

**Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director?** (family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)) **Yes** \_\_\_ **No** \_\_\_ **If Yes, please explain:**

EEOC Statement:

*West CAP is an equal opportunity organization and no otherwise qualified applicant for service or service participant shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner or on the basis of race, color, national origin or ancestry, sex, religion, age, political belief or affiliation, disability or association with a person with a disability. This policy covers eligibility for the access to service delivery, and treatment in all of the programs and activities.*

With my signature, I authorize West CAP to release information stated on this form and/or in my case/project files to designated staff and/or other agencies to which my case/project pertains. I have voluntarily provided the information above and it is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this application does not guarantee that I will receive assistance. I also understand that the information will be held in confidence and used specifically to determine eligibility and program planning.

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Date

# Monthly Household Budget Form

## MONTHLY FIXED EXPENSES

	Current Monthly Spending
<b>Housing</b>	
Rent/Mortgage Payment	
Land Contract/Purchase/Rent paid	
Heating (furnace, etc.)	
Electricity (lights, stove)	
Phone/Cell/Pager	
Internet	
TV/Cable	
Water/Sewer/Trash	
Property Taxes (if not in mortgage escrow)	
Homeowners/Renters Insurance	
Maintenance/Repair Costs	
<b>Total</b>	
<b>Transportation</b>	
Current Car Payment(s)	
Auto Insurance	
Auto Maintenance/Repair	
Auto License	
Gasoline/Parking Expenses	
<b>Total</b>	
<b>Other Monthly Fixed Expenses</b>	
Education (day care / private, etc.)	
Education (tuition/supplies/lessons)	
Taxes	
Insurance (health, etc.)	
Medical Expenses (co-pay, prescriptions)	
Other	
<b>Total</b>	

## MONTHLY FLEXIBLE EXPENSES

	Current Monthly Spending
Food	
Household Supplies (baby supplies, paper products, bathroom supplies, laundry, etc)	
Entertainment (baby sitters, gambling, movies, sports, books, video games, etc)	
Gifts (holidays, b-days, Xmas, parties, etc).	
Miscellaneous (stamps, allowances, pet supplies, tobacco, alcohol, etc.)	
Other	
<b>Total</b>	

**You are required to answer the following question:**

What can you afford for a monthly car payment? \$ \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Will you be listed on the JumpStart Title?  Yes  No

Are you required to pay child support, alimony, or maintenance?  
 Yes  No If yes, how much per month? \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Will you be listed on the JumpStart Title?  Yes  No

Are you required to pay child support, alimony, or maintenance?  
 Yes  No If yes, how much per month? \_\_\_\_\_



PO Box 308 Glenwood City, WI 54013  
Phone: 715-598-4750 Fax 715-265-7031

## RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

The individual(s) indicated below are participant(s) and/or have applied for services. West CAP is the management agent of the program in which this individual(s) is residing or applying for.

West CAP is required by law to confidentially verify information provided by applicants/participants. The applicant/participant indicated your Agency's/Institution's name as a source of information. Verification of applicant/participant statements are not limited to those shown in the following authorization.

### AUTHORIZATION FOR THE RELEASE OF INFORMATION

Family Composition	W-2 TANF/General Assistance
Employment Income	Social Security/SSI
Unemployment Income	Educational Scholarship, Stipends Expenses
Alimony/Maintenance	Assets (Checking, Savings, IRA's Trusts, Stocks/
Pensions/VA/Annuities	Bonds Mutual Funds, Etc.
Child Care and/or Unusual Expenses	Whole Life Insurance

\*\*I/We hereby authorize West CAP to make any inquiries necessary or advisable in verifying the above information and to make any inquiries necessary in verifying rental history, income and asset information.

\*\*I/We agree that photocopies of this authorization may be used for the purpose stated above.

\*\*If I, or any adult member of my family, fail to sign this authorization, without disclosing all financial information relating to the certification, I/we understand that this action may constitute grounds for denial of eligibility or termination of assistance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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Signature

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SS#

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SS#

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SS#

This authorization is effective for 6 months from the date hereof: **Dated:** \_\_\_\_\_