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 $50 per month deposit into a Repair Saving Account? 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 fund 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
Do you have any back child support due?	☐ Yes	☐ No

JumpStart Program Application

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

Full Legal Name (please print): _____

☐ Single/Unmarried ☐ Married (must include spousal info) ☐ Legally Separated (must provide court documents)

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 <u>you and all members</u> 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									

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

Continued on Back……

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	Dates of Employment	Hours worked per week	Gross Monthly Wage
*If less than 2 years at current employer, list previous employment						
"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:

☐ **SNAP**	☐ **Housing Choice Voucher**	☐ **HUD-VASH**	☐ **Other**
☐ **WIC**	☐ **Public Housing**	☐ **Childcare Voucher**	
☐ **LIHEAP**	☐ **Permanent Supportive Housing**	☐ **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, whether it be ink or electronic, 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
Housing	
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	
Total	
Transportation	
Current Car Payment(s)	
Auto Insurance	
Auto Maintenance/Repair	
Auto License	
Gasoline/Parking Expenses	
Total	
Other Monthly Fixed Expenses	
Education (day care / private, etc.)	
Education (tuition/supplies/lessons)	
Taxes	
Insurance (health, etc.)	
Medical Expenses (co-pay, prescriptions)	
Other	
Total	

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	
Total	

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	Signature
_____	_____	_____
SS#	SS#	SS#

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