



# Program Application

## A. Are you eligible?

Wheels for Work assists eligible persons with a vehicle repair grant. Repairs cannot exceed 25% of the private party value of the vehicle, the participant must have insurance coverage for the vehicle, and the must be inspected and registered.

To qualify for assistance, applicants must meet the following requirements:

- ✓ Resident of Allegany County
- ✓ Currently employed 20 or more hours/week at minimum wage OR have a verifiable letter of hire confirming employment of 20 or more hours/week. All employment and letter of hire must be verifiable. AND
- ✓ Meet TANF household requirement that the household contain one of the following:
  - A minor child under the age of 18 or under the age of 19 and attending secondary school (high school) or an equivalent level of vocational or technical training, (e.g., a BOCES program), OR
  - A pregnant woman, OR
  - The applicant is the non-custodial parent of a minor child.AND
- ✓ Meet TANF income eligibility requirements (i.e., eligible to receive Family Assistance/SafetyNet, Medicaid, SNAP/Food Stamps, HEAP, or Reduced/Free Lunch benefits), AND
- ✓ Documented need for assistance AND
- ✓ Driver's license does not have any points and must be clean of DUI, DWI, and DWAI for 7 years from the date of fines paid.

## B. Tell us about yourself.

Please fill in the blanks for this entire section.

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Address (if different from mailing): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Household Size: \_\_\_ Adults \_\_\_ Children (under the age of 18 OR under the age of 19 and attending high school or an equivalent level of vocational/technical training)

Does anyone in your household own a vehicle?  Yes  No If Yes, please specify:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Current Mileage: \_\_\_\_\_

Is this vehicle in running condition?  Yes  No

If No, please explain:

\_\_\_\_\_

*(A written estimate will be requested to confirm this information.)*

Current occupation:

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

When did you start working with this employer? (Month/Year) \_\_\_\_\_

May we contact your employer for a reference?  Yes  No

If Yes, your supervisor's name and phone number: \_\_\_\_\_

What is the approximate distance from your residence to your work? \_\_\_\_\_ miles

Do you have a valid New York State Driver's License?  Yes  No

If Yes, License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have children?  Yes  No If Yes, please provide the following information:

| First & Last Name | Birth Date | Living at Home? |
|-------------------|------------|-----------------|
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |

What is the distance from your residence to your child care provider? \_\_\_\_\_ miles or  N/A

Is public transportation available in your area?  Yes  No

If yes, do you use public transportation?  Yes  No

If public transportation is available but you don't use it, why not? \_\_\_\_\_

If public transportation is not available in your area, how do you get back and forth to work and to your childcare provider (if applicable)? \_\_\_\_\_

What is the approximate distance from your home to public transportation? \_\_\_\_\_ miles or  N/A

Are other transportation options available to you (e.g., taxi, car pooling, walking, bicycling)?  Yes  No

If Yes, what are they? \_\_\_\_\_

Do you receive benefits under one or more of the following programs?

- Family Assistance/Safety Net     
  Medicaid/Medicare     
  SNAP (Food Stamps)     
  HEAP  
 Reduced/Free School Lunch     
  SSI     
  SSDI

Please list all sources of **gross income** including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member:

| Type of Income | Payee (Who Receives?) | Amount | Frequency (weekly, monthly, etc.) |
|----------------|-----------------------|--------|-----------------------------------|
|                |                       |        |                                   |
|                |                       |        |                                   |
|                |                       |        |                                   |
|                |                       |        |                                   |
|                |                       |        |                                   |

Please provide a brief statement explaining why you need our services and how it will help you obtain, maintain, and/or improve employment.

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Are you working with any other programs at ACCORD?       Yes    No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## C. What happens next?

1. Return the application to:

- By mail:       Wheels for Work Program Coordinator  
                  PO Box 573  
                  Belmont, NY 14813
- By e-mail:     jstager@accordcorp.org

2. Schedule an Interview:

**All applicants** for the Wheels for Work program are asked to complete an interview. The Wheels for Work Program Coordinator will contact you to schedule an appointment. You will be asked to provide the following information:

- Proof of employment (4 most recent paystubs) or letter of hire
- Copy of your New York State Driver's License
- Social Security numbers, birth dates, and documented income information for all household members
- Information pertaining to household expenses for completion of a budget

We will request permission to check your driving record with the DMV. Clients must be clean of DUI, DWI, and DWAI for 7 years from the date of fines paid.

## D. Program Information

The Wheels for Work program provides vehicle repair grants to eligible participants. The grant cannot exceed 25% of the private party value of the vehicle, the participant must have insurance coverage for the vehicle, and the vehicle must be inspected and registered.

### Requirements

- Participants must develop a household budget with ACCORD staff.
- Repairs must be completed at a NYS licensed repair shop
- A minimum of two estimates will be required. It will be the participant's responsibility to collect the estimates.