

Vehicles for Change, Inc.

*A nonprofit corporation turning cars into assets for low income people
so they can get and keep a job*

VEHICLES FOR CHANGE, INC. ELIGIBILITY GUIDELINES: APPLICATIONS FOR A CAR

Thank you for your interest in applying for a car from Vehicles for Change, Inc. **Our mission is to repair donated cars and provide them to low-income families so they may obtain or maintain employment.**

Vehicles for Change, Inc. receives donations of used cars from the community and prepares them to be "road ready" for distribution to eligible recipients. In exchange, the recipient of a car is responsible for paying a minimal fee (\$700-\$1200) for the car. That fee is used to replenish the car fund for future recipients.

VfC is not a used car lot. Our cars are distributed as they are received. It is our intention to provide them to families who are in desperate need of transportation. Consequently you will not get the opportunity to select your car. You are under no obligation to accept the car provided but you will not be able to get a different one from VfC.

To be eligible to receive a car from Vehicles for Change, Inc., an applicant must:

- Qualify as low income under guidelines given on page 5 of this application;
- Need a car for employment purposes;
- Have savings of \$475 to cover the cost of insurance, taxes, tags and title
- Be insurable, drug free and no criminal background

In addition, the program operates under the general guidelines that the recipient:

- Is currently employed full time employed (minimum 30 hrs per week), or has a verified offer of full time employment.
- Has a current valid Maryland Driver's license prior to receipt of vehicle.
- Is willing and able to take a short-term bank loan to cover costs associated with the car.
- Will attend Car Orientation program prior to receiving car.
- Is insurable and can budget the ongoing expense of car insurance.
- Does not own any other car nor have one available to you.
- Does not have any insurance violations with MVA

PLEASE NOTE:

Distribution of cars to eligible applicants depends on the availability of cars. The process from submission of your application to receipt of a car may take from one to several months. Please be patient. Applicants/sponsoring agencies will be advised as to the status of application as they move through the selection process. Completion of this application does not guarantee that you will receive a car.



Vehicles for Change Used Auto Application

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you. When you open an account, we will ask for your name, address, date of birth and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: Read these instructions before completing this Application

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete sections, A and B. Sign under credit authorization.

If you are applying for joint credit with another person, complete sections, A, B and C. Sign below. Sign under credit authorization.

Section A

Amount requested \$ _____

Term: _____ months

We intend to apply for joint credit.

Section B - Applicant Information

Full Name: First Middle Last

Home Address (Other than P.O. Box)

City State Zip

Evening Phone Daytime Phone

Social Security Number Date of Birth

Section C - Co-Applicant Information

Full Name: First Middle Last

Home Address (if different from Applicant)

City State Zip

Evening Phone Daytime Phone

Social Security Number Date of Birth

Credit Authorization

By signing below, you (whether one or more than one) authorize Sandy Spring Bank ("we", "our" and "us") to make whatever credit inquiries we deem necessary in connection with this credit application. You authorize us and instruct any person to complete and furnish to us any information that we may request and agree that such information, along with this application, shall remain our property. You authorize us to disclose any information in or relating to this application and/or account if approved (including information received from third persons) to any applicant for or guarantor of this credit and to any of our existing or future subsidiaries, affiliates, and assigns, and to any potential assignee, transferee, or participant in the credit to which this application relates. The Fair Credit Reporting Act permits us to share, among the Sandy Spring family of companies, information about you from consumer reporting agencies and other outside sources. If you do not wish us to provide this externally derived information to our affiliated companies, you may advise us by writing us at Sandy Spring Bank, ATTN: Quality Control-Operations, 17801 Georgia Ave, Olney, MD 20832. To help us identify this application/account, please include your name, address, telephone number, social security number, and indicate that your request relates to your application/account. By notifying us as specified, the information that we may share among the Sandy Spring family of companies and others having the right to receive such information will be limited to that relating to our experience information about you (e.g., the existence, history and status of your account), but will not include other, externally derived information. By signing below you represent to us that all information provided on this application is true.

X _____ (seal)
Signature of Applicant Date

X _____ (seal)
Signature of Co-Applicant Date

Vehicles for Change, Inc.

A non profit corporation turning cars into working assets for low income people in so they can get and keep a job.

APPLICANT DATA

Name of Applicant _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

S.S. #: _____ Drivers License #: _____

Email Address _____

Have you ever been licensed to drive? Yes No Can you drive a motor vehicle? Yes No

Can you drive a stick shift? If yes you may get a car quicker. Yes No

Are there others in your household who are licensed to drive? Yes No

If yes, who are they? _____

HOUSEHOLD MEMBERS (including applicant)

<u>Household Member's Name</u>	<u>Relationship to Applicant</u>	<u>SS#</u>	<u>Date of Birth</u>
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Self

Number of Children Not Living With You _____ Ages _____

Are any of your children in day care? Yes No How many? _____ Hours: _____

Does anyone listed above own a car, van or truck? Yes No

If Yes, name of person _____

Do you have access to this vehicle? Yes No

If relevant to your application, list any family members who are disabled. Give disability.
(You will be required to submit medical documentation of this disability if selected.)

HOUSEHOLD INCOME AND EXPENSES

Your income and expense information must be completed accurately. Applicants should complete this part of the application with someone from the sponsoring agency. Note that the items are all on a monthly basis.

Net Income per Month

Take Home Wages/Salary (after taxes) \$ _____
(if you receive a check each week multiply the amount by 52 and then divide by 12; if you receive a check every 2 weeks multiply your check by 26 and divide by 12)

Child Support \$ _____
(only if you are sure to receive it every month)

Food Stamps \$ _____

TANF or other State support \$ _____
(only 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 \$ _____

Expenses per Month

Housing Costs

Mortgage/Rent \$ _____

House Repairs \$ _____

Insurance \$ _____

Total Housing \$ _____

Utilities (Monthly Bills)

Gas and Electric \$ _____

Water \$ _____

(if your water bill comes every 3 months divide by 3)

Phone (include cell) \$ _____

Total Utilities \$ _____

Child Care and School Expenses

Monthly Childcare Fees \$ _____

School Materials \$ _____

Other \$ _____

Total Child Care and School Expenses \$ _____

Medical Expenses (you will need to determine or estimate Medical on a monthly basis)

Doctor Visits \$ _____
Dentists \$ _____
Prescriptions \$ _____
Eye \$ _____

Total Medical Expenses \$ _____

Transportation

Car Ownership Monthly Costs (Only if you currently own a car)

Car Insurance \$ _____
Gas \$ _____
Car Repairs \$ _____
Monthly Cab or Bus Fare \$ _____
Ride Payments to Friends \$ _____

Total Transportation \$ _____

Gifts (you will have to divide the amount by 12 to get your monthly costs)

Christmas \$ _____
Birthday \$ _____
Other \$ _____

Total Gifts \$ _____

Food - Meals and Groceries - Including Food and Non-Food Items

Lunches \$ _____
(for your children at school or daycare or yourself at work)
Spending on Dinners Out \$ _____
Groceries \$ _____

Groceries should include: Cleaning supplies, household items, toiletries, cosmetics, cigarettes

Total Food \$ _____

Clothing (include shoes, coats etc. : estimate monthly costs)

Self \$ _____
Children \$ _____

Total Clothing \$ _____

Entertainment/Recreation

Cable or Dish \$ _____
DVD rentals \$ _____
Vacations (divide total by 12) \$ _____
Other \$ _____

Total Entertainment \$ _____

Total Expenses (add all the above items in the last column) \$ _____

Available Monthly Funds (Income minus Expenses) \$ _____

Have you received Cash Assistance or other benefits in the past 24 months? (food stamps, medical assistance, POC etc.) Yes No How many months _____ From what agency _____

Money in Savings Account or Other Savings \$ _____

Note: You will need at least \$400 in savings for your first insurance payment and your car taxes, tags and title fees.

EMPLOYMENT

Are you currently employed? Yes No Number of hours per week? _____

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

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 that 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 or remain self-sufficient and improve your life? (use back of this page to write your response)

Vehicles for Change, Inc.

Please provide the following information, which will be used by authorized personnel for statistical purposes only. This data will not impact the selection the selection process. Vehicles for Change, Inc. does not discriminate based on race, sex, religion, or national origin.

Race (please check one only)

- White, non-Hispanic
- Black, non-Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic
- Other _____

Household Status:

- Single, male head of household
- Single, female head of household
- Two adult household

Income Guidelines

Applicants must be making less than the amount listed below. Note: the income is annual and before taxes or gross amount. If more than one adult lives in the household you must include their income as well.

YOUR HOUSEHOLD ANNUAL INCOME

Your Gross Pay per Year before taxes _____
Other Income - Child Care, Food Stamps etc. _____
Income of Other Individuals in the House _____

Total Household Income _____

Number of Persons in the Household _____

Your maximum income level per the chart below _____

**Number of Persons
In Household**

**Maximum Income
Level**

1	\$22,000
2	\$32,500
3	\$37,500
4	\$41,875
5	\$46,250
6	\$51,875

SPONSORING AGENCY
(To be Completed by Sponsoring Agency)

Sponsoring Agency: _____ **Phone:** _____

Address: _____ **Contact:** _____

E-Mail: _____ **FAX:** _____

Why would the applicant be a good candidate for a car from Vehicles for Change, Inc.? Please explain.

Explain any extenuating circumstances: _____

Signature of Sponsoring Agency Representative: _____

Submit With Your Application - Check List

Check only if the item listed is included with your application. If the items listed is not included with your application it will not be accepted!!

___ Copy of Social Security Card

___ Copies of valid Maryland or Virginia drivers' license for all persons in your household.

___ Proof of disability (if appropriate).

___ Proof of income ^(past 30 days) (most recent month) or letter from employer on company letterhead stating income and hours.

___ Three-year driving record (to be reviewed for insurability) for everyone who is licensed to drive in your household.

___ If Maryland resident Contacted MVA at 410-768-7431 to assure that no insurance violations exist.

Name of Individual Contacted _____

Date of Contact _____

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 Vehicles for Change, Inc.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that any 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 Vehicles for Change, Inc.

Signature of Applicant(s) _____

Date _____

