



Ministry Motors

Car Placement Program Application
541 E. 99th Pl. Thornton, CO 80229
Ph: 800-831-8625 Fax: 303-484-5090

Date of Application: _____

Referring Agency Information:

Name & of Referring Person/Entity: _____
Address of Referring Person/Entity: _____
Contact Name & Title: _____
Phone(s): _____ Date of Enrollment: _____

Applicant Information:

Name: _____ SSN: _____ DOB: _____
Address: _____ City/Town: _____
County: _____ State: _____ Zip: _____
How long at this address? Years _____ Months _____ Own? _____ Rent? _____
Day Phone: _____ Evening Phone: _____ Mobile Phone: _____
E-mail Address(es): _____
Number of adults in household: _____ Number adults that contribute to rent/pmt: _____
Number of CO Licensed Drivers: _____
Name and age of each child:

Employment:

Are you currently employed? Yes. If yes, occupation: _____
Hours per week: _____ Which days of the week do you work (e.g. M-F): _____
 No. If no, when do you expect to be employed? Please explain

Employer: _____ Address: _____
City/ Zip _____ Phone: _____
Date of Hire: _____ Gross pay: \$ _____ per _____

Monthly Income: Please list all sources of income for entire household:

Employment	\$ _____	ANFC/TANF	\$ _____
Unemployment	\$ _____	Child Support	\$ _____
VA Pension	\$ _____	Social Security/Disability	\$ _____
Other Income	\$ _____	TOTAL MONTHLY INCOME	\$ _____

Career Goals: Please describe in detail your current job search activities and/or employment/career goals. _____

References:

Please provide Ministry Motors (also referred to as MM) with the names of non-relatives who understand your employment status and need for a vehicle.

Name: _____ Name: _____
Relation: _____ Relation: _____
Phone: _____ Phone: _____

Caseworker Name: _____ Agency: _____
Phone(s): _____

Please provide the names of closest relatives:

Name: _____ Name: _____
Relation: _____ Relation: _____
Address: _____ Address: _____
City, State, Zip _____ City, State, Zip _____
Phone: _____ Phone: _____

License: Valid Colorado License? Yes No License No.: _____
If you do NOT have a license, when will have one? _____

Transportation Needs:

Do you live on or near a public transit line? Yes No If yes, explain why you are applying for MM assistance. _____

Do you or anyone in your household own a car? Yes No If yes, explain why you are applying for MM assistance. _____

How many working vehicles do you have in your household? _____ Please list: _____

If you now own a vehicle, please explain why you are applying for another vehicle: _____

Can you drive a Standard Transmission? Yes No

Types of vehicles you prefer Any 2 Door 4 Door
 Van Truck Station Wagon

Vehicle Cost:

Every car donated to MM that is designated for qualified participants will be safe to drive after repair. The expenses associated with the repair of the vehicle help to determine the final price of the vehicle. The more you can put down on the vehicle, the less your monthly payment will be.

Down payment: The more you can put down, the less your monthly payment will be. What is the best down payment you can offer?

- \$301-\$400 \$401-500 \$501-600 \$601-700
- \$701-800 \$801-900 \$901-1000 \$1001-1100
- \$1101-1200 \$1201-1300 \$1301-1400 \$1401-1500

2008 HHS Poverty Guidelines

(Please circle the appropriate box)

Size of Family Unit	2008 HHS Poverty Guidelines
1	\$10,400
2	\$14,000
3	\$17,600
4	\$21,200
5	\$24,800
6	\$28,400
7	\$32,000
8	\$35,600
For each additional person, add	\$3,600

SOURCE: *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971-3972

HOUSEHOLD BUDGETING INFORMATION

Please list total MONTHLY expenses and income for ALL household members

Note the amount paid by your for each item after financial assistance

EXPENSES:

HOUSING

Rent/Mortgage \$ _____
 Electric \$ _____
 Heat \$ _____
 Water \$ _____
 Telephone \$ _____
 Cable \$ _____

MISCELLANEOUS EXPENSES

Credit Cards \$ _____
 Book Clubs \$ _____
 Loans \$ _____
 Past Bills \$ _____
 Pet Costs \$ _____
 Gifts/Holidays \$ _____
 Other \$ _____

TOTAL EXPENSES: \$ _____

FOOD & MISC. HOUSEHOLD

Groceries \$ _____
 Non-Food \$ _____
 Laundry \$ _____

TRANSPORTATION

Car Loan \$ _____
 Insurance \$ _____
 Gas \$ _____
 Oil \$ _____
 Repairs \$ _____
 Car Pool \$ _____
 Bus Fare \$ _____

INCOME

Salary/Wages (Gross) \$ _____
 (Multiply weekly income by 4.33 to determine monthly amount if paid weekly)
 Earned Income Tax
 Credit (Average) \$ _____
 TANF \$ _____
 SSA/SSI \$ _____
 UI \$ _____
 VA \$ _____
 WC \$ _____
 Child Support/Alimony \$ _____
 Other \$ _____

PERSONAL

Alcohol/Tobacco Products \$ _____
 Hair Cuts \$ _____
 Clothing \$ _____
 School Supplies \$ _____
 Entertainment \$ _____
 Child Support/Alimony \$ _____

FINANCIAL ASSISTANCE

Food Stamps \$ _____
 Rental Asst. \$ _____
 Section 8 Utility Allowance \$ _____
 Child Care \$ _____
 Fuel Asst. \$ _____
 WIC \$ _____
 Other \$ _____
 \$ _____

EMPLOYMENT/EDUCATION COST

TOTAL INCOME: \$ _____
 Child Care \$ _____
 Meals Out \$ _____
 Fees/Dues \$ _____
 Loans \$ _____
 Medical/Dental Ins. \$ _____

Total Income	\$ _____
Total Expenses	\$ _____
Difference	\$ _____

Mandatory Release of Information

The information contained in this application is accurate to the best of my knowledge. I understand that if I knowingly give false information in this process, my application will be denied. I also understand that in order for MM to help me get a vehicle, application information will need to be verified. I hereby authorize my employer to release information regarding my employment. I further hereby authorize any reference(s), agencies, caseworker(s), counselor(s), mentor(s) and/or any other person with whom I have dealings to release information regarding my person. I give MM permission to run a credit report with Experian, Equifax, and/or Trans Union. I give MM permission to run a criminal background check. I give MM permission to access any information necessary to fulfill the obligations of this agreement and any other agreement I have or will enter into with MM.

DATE _____

APPLICANT SIGNATURE _____