



## Program Application

*Return completed applications to:*

**Wisconsin Automotive & Truck Education Association (WATEA)**

***Attn: Wheels to Work Program***

**617 Forest Street**

**Wausau, WI 54403**

*Or email application to [admin@watea.org](mailto:admin@watea.org)*



**Please fill out this application COMPLETELY**

If there is a question that does not apply to you or your household,  
write **N/A** (not applicable) in the space provided for the information.

**Incomplete applications will be denied.**

**Applications are good for 90 days after they are received by Wheels to Work staff.**

*For additional information, contact WATEA at:*

*Phone: (715) 581-9283*

*Email: [admin@watea.org](mailto:admin@watea.org)*

***Staff will contact you for the next steps after receiving and reviewing your application.***

# Wheels to Work Program Application

**Type(s) of Assistance Requested:** ☐ Vehicle Loan ☐ Vehicle Repair

Application Date: \_\_\_\_\_ Referred by: Name: \_\_\_\_\_ Program: \_\_\_\_\_

If you were not referred, how did you learn about the program? \_\_\_\_\_

Are you currently working with any other programs in the area? \_\_\_\_\_ If yes, what program(s) are you working with? \_\_\_\_\_

Have you ever received a Job Access Loan for either a vehicle or repairs through this or a similar program? \_\_\_\_\_

## A) APPLICANT INFORMATION

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued In: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Citizenship Status: ☐ US Citizen ☐ Legal Alien ☐ Other (explain): \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If you are not employed, are you looking for employment? \_\_\_\_\_

*Must be completed by applicants who are legally married as of the date of this application:*

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued In: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does your spouse live with you? \_\_\_\_\_ If yes, does your spouse have an income? \_\_\_\_\_

## HOUSING INFORMATION

Home Address (Street): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Housing Status (Select One): ☐ Rent ☐ Own ☐ Homeless/Shelter ☐ OTHER: \_\_\_\_\_

Monthly Rent/Mortgage: \$\_\_\_\_\_ Incl. Utilities? YES NO Length of Time Living Here: Years \_\_\_\_ Months \_\_\_\_

Fill out the below table for **ALL** persons living in your home. Attach separate page if needed to list additional people. Do NOT list spouse, or yourself, if already identified above.

Name	Age	Relationship	Licensed Driver? Y/N	Have an Income? Y/N

## B) CURRENT TRANSPORTATION & VEHICLE INFORMATION

Does the Applicant currently own a vehicle? YES (complete Vehicle sections) NO (answer next question only)

How do you currently get to/from work, school, and/or appointments?

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### VEHICLE USE QUESTIONS

1. Is your current vehicle meeting your transportation needs? YES No – Explain: \_\_\_\_\_

2. Describe the condition and/or repair needs of the vehicle you currently own: \_\_\_\_\_

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3. If your current vehicle cannot be safely and affordably repaired, what do you plan to do with it? \_\_\_\_\_

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### PRIMARY VEHICLE INFORMATION

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Current Vehicle Mileage: \_\_\_\_\_ Approx. Vehicle Value (if known – check Kelly Blue Book online): \$ \_\_\_\_\_

Vehicle's License Plate Number: \_\_\_\_\_ License Plate Expiration Date: \_\_\_\_\_ Licensing State: \_\_\_\_\_

Is the vehicle registered only in the Applicant's name? YES No – It is registered to: \_\_\_\_\_

Does the vehicle's owner/applicant still owe money for a loan on this vehicle? No YES (answer the next questions)

- Amount Still Owed on Vehicle Loan: \$ \_\_\_\_\_ Loan Being Paid To: \_\_\_\_\_

Is the vehicle currently insured? YES (answer the below questions) NO – Vehicle was last insured in: \_\_\_\_\_

- Insurance Company: \_\_\_\_\_ Coverage Level: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

Does the applicant currently own an additional vehicle? No YES – Complete below for the additional vehicle

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Current Vehicle Mileage: \_\_\_\_\_ Approx. Vehicle Value (if known – check Kelly Blue Book online): \$ \_\_\_\_\_

Vehicle's License Plate Number: \_\_\_\_\_ License Plate Expiration Date: \_\_\_\_\_ Licensing State: \_\_\_\_\_

Is the vehicle registered only in the Applicant's name? YES No – It is registered to: \_\_\_\_\_

Does the vehicle's owner/applicant still owe money for a loan on this vehicle? No YES (answer the next questions)

- Amount Still Owed on Vehicle Loan: \$ \_\_\_\_\_ Loan Being Paid To: \_\_\_\_\_

Is the vehicle currently insured? YES (answer the below questions) NO – Vehicle was last insured in: \_\_\_\_\_

- Insurance Company: \_\_\_\_\_ Coverage Level: \_\_\_\_\_ Monthly Cost: \$ \_\_\_\_\_

If the applicant owns any additional vehicles, attach another sheet with the same information.

Does anyone else residing at your address own a vehicle? YES NO Please list everyone at your address

who currently owns a vehicle: \_\_\_\_\_

## C) TRANSPORTATION PRIORITIES

Rank the following transportation uses by PRIORITY from 1 (highest) to 8 (lowest) based on anticipated needs/uses. Use each number only once.

_____ Employment	_____ Medical Appointments/Needs	_____ Recreation/Entertainment
_____ School/Training	_____ Shopping/Errands	_____ Visiting Friends/Relatives
_____ Vacation/Travel	_____ OTHER: _____	

## D) EMPLOYMENT HISTORY

List Applicant's employment history for the **LAST TWO YEARS**, starting with the current or most recent job first.  
*If additional space is needed, attach a separate document listing the additional employment information.*

1. Employer Name:	Start Date:	End Date:
Was this through a staffing/temp agency?	If Yes, Which one:	
Employer Street Address:	City, State, ZIP:	
Job Title:	Hourly Wages/Salary:	Hours Worked Per Week?
Primary Responsibilities:		
Reason For Leaving:		

2. Employer Name:	Start Date:	End Date:
Was this through a staffing/temp agency?	If Yes, Which one:	
Employer Street Address:	City, State, ZIP:	
Job Title:	Hourly Wages/Salary:	Hours Worked Per Week?
Primary Responsibilities:		
Reason For Leaving:		

3. Employer Name:	Start Date:	End Date:
Was this through a staffing/temp agency?	If Yes, Which one:	
Employer Street Address:	City, State, ZIP:	
Job Title:	Hourly Wages/Salary:	Hours Worked Per Week?
Primary Responsibilities:		
Reason For Leaving:		

4. Employer Name:	Start Date:	End Date:
Was this through a staffing/temp agency?	If Yes, Which one:	
Employer Street Address:	City, State, ZIP:	
Job Title:	Hourly Wages/Salary:	Hours Worked Per Week?
Primary Responsibilities:		
Reason For Leaving:		

Please explain any significant gaps in employment history in the last two years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently attending workforce training, i.e. School, with the intent of gaining employment? \_\_\_\_\_

If yes, which one? Where is it located? \_\_\_\_\_

What Program or Technical Certificate are you completing? \_\_\_\_\_

## E) Household INCOME:

Provide a summary of the current sources of income for everyone living at your address. If needed, please attach an additional page to account for all income.

“Income” includes all forms of money coming into the house on a reliable, repeated, or semi-regular basis (ex: paychecks, SSI/SSDI, Child Support, Unemployment, etc.)

### INCOME & FINANCIAL SUPPORT

Person in Household Receiving Income	Form of Income (Ex: Paycheck, Disability, SSI, Child Support, Unemployment)	Average Gross Pay per Check (before taxes)	Average Net Pay per Check (after taxes; “take home pay”)	Pay Schedule (weekly, every 2 weeks, monthly, etc...)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Report all financial assistance or support received by household members from any external sources of support.

Type of Assistance	Does the APPLICANT Receive This Assistance?			Does any MEMBER OF THE HOUSEHOLD Receive This Assistance?			Total \$ Received Per Month (If known)
Food Assistance ( <i>FoodShare, etc.</i> )	YES	NO	UNSURE	YES	NO	UNSURE	\$
Healthcare Assist. ( <i>Badgercare, etc.</i> )	YES	NO	UNSURE	YES	NO	UNSURE	
Housing Assistance ( <i>Section 8, etc.</i> )	YES	NO	UNSURE	YES	NO	UNSURE	\$
Child Care Assistance	YES	NO	UNSURE	YES	NO	UNSURE	\$
Women, Infants, Children (WIC)	YES	NO	UNSURE	YES	NO	UNSURE	
OTHER:							
OTHER:							

## F) VERIFICATION OF INFORMATION:

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I acknowledge I and my household members may be deemed ineligible to apply or dismissed from the program if I intentionally provide false or misleading information or omit key information during the application process.

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## OPTIONAL DEMOGRAPHIC INFORMATION

Information provided on this page **will not** be used to determine your eligibility for program assistance. This information may be used by WATEA/Wheels to Work to apply for additional program funding and/or to develop generalized reports about the program's services. All information provided is confidential and any reports developed using this information will NOT disclose any individual applicant or participant's identity.

APPLICANT DEMOGRAPHICS
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male / Female <input type="checkbox"/> Non-Conforming <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Not Listed (please specify): _____
<b>Race/Ethnic Background</b> (check all that apply): <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/LatinX <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Other (please identify): _____
<b>Marital Status:</b> <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Long-Term Relationship
<b>Household Family Status</b> (check all that apply): <i>NOTE: The term CHILDREN refers to minors (under 18 years old) who are <u>legally considered dependents</u> of the applicant, either by birth, marriage, or through a court decision.</i>  <input type="checkbox"/> I do NOT have any children <input type="checkbox"/> I have children <u>over the age of 18</u> living in my home (# of children = ____) <input type="checkbox"/> I have ____ (#) of children living in my home <b>most/all of the time</b> . <input type="checkbox"/> I have ____ (#) of children living in my home <b>half-time</b> (50/50 placement). <input type="checkbox"/> I have ____ (#) of children living in my home <b>less than half time</b> . <input type="checkbox"/> I have ____ (#) of children but they do NOT live in my home and/or I only have periods of visitation with them. <input type="checkbox"/> OTHER (Describe): _____
<b>Education</b> (check highest level achieved): <input type="checkbox"/> Non-H.S. Graduate <input type="checkbox"/> H.S. Graduate <input type="checkbox"/> GED/HSED Completed <input type="checkbox"/> Some College Completed, no credential <input type="checkbox"/> College-level certificate or diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters or higher <input type="checkbox"/> Current Student (School/Program): _____ <input type="checkbox"/> Other: _____
<b>Disability Status:</b> 1) I am legally handicapped/disabled. <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> Application for disability status submitted/pending 2) A member of my household is legally handicapped/disabled. <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> Application submitted/pending
<b>Veteran Status:</b> <input type="checkbox"/> Not a veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> OTHER: _____

Select Any Areas Where the Applicant Would Like to Receive Additional Assistance or More Information:	
Transportation Assistance (while waiting for W2W)	Food Security Assistance (Ex: FoodShare/Food Stamps, Pantries)
Unemployment	Housing/Rental Assistance (Ex: Section 8)
Job Searching, Resumes, and/or Interviewing	Medical/Prescription Assistance (Ex: Badger Care)
Exploring New or Non-Traditional Careers	Energy/Fuel Assistance
Getting a GED or HSED	Nutritional Assistance Programs (Ex: WIC, nutrition classes)
College Education (Ex: identifying, applying for, and/or completing tech college or university courses or degrees)	Child Care Assistance
Financial Education (Ex: Budgeting, banking, credit cards)	Young Child Educational Programs (Ex: Head Start, Preschool)
Veterans Resources	OTHER:
Feeling Safe in My Home	OTHER: