



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



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.

For additional information, contact WATEA at:

Phone: (715) 581-9283

Email: admin@watea.org

Staff will contact you to schedule an appointment 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: _____

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): _____

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: _____

HOUSING INFORMATION

Home Address (Street): _____ City: _____ State: _____ Zip: _____

Housing Status (Select One): Rent Own (paying mortgage) Own (no mortgage/payments) Homeless/Shelter

OTHER: _____

Monthly Rent/Mortgage: \$ _____ Incl. Utilities? YES No Length of Time Living Here: Years ____ Months ____

List the name, current age, and relationship (son, stepdaughter, cousin, friend, etc) of ALL persons living in your home. Attach separate page if needed to list additional people. Do NOT list spouse if already identified above.

Name	Age	Relationship	Licensed Driver (Y/N)

B) CURRENT TRANSPORTATION & VEHICLE INFORMATION

Complete for APPLICANT only

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

➤ If you do *not* own a vehicle, explain how you currently get to/from work, school, and/or appointments.

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: _____

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

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 any additional vehicles? No YES – Complete below info/above questions*

- Vehicle #2: Year/Make/Model: _____ Mileage: _____ License Plate: _____

- Vehicle #3: Year/Make/Model: _____ Mileage: _____ License Plate: _____

**Attach another page to answer the same information requested for Vehicle #1 for all additional vehicles.*

C) TRANSPORTATION PRIORITIES

Rank the following transportation uses by PRIORITY from 1 (highest) to 7 (lowest) based on anticipated needs/uses.

_____ 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 an employment/temp agency? NO Yes – Agency:
Employer Address (Street):	City, State, ZIP:	# of miles from home to work (approx.):
Job Title:	Hourly Wages/Salary:	Average Hours/Week Worked:
Primary Responsibilities:		Reason for Leaving:

2. Employer Name:	Start Date: End Date:	Was this through an employment/temp agency? NO Yes – Agency:
Employer Address (Street):	City, State, ZIP:	# of miles from home to work (approx.):
Job Title:	Hourly Wages/Salary:	Average Hours/Week Worked:
Primary Responsibilities:		Reason for Leaving:

D) Employment History (Continued...)

3. Employer Name:	Start Date: End Date:	Was this through an employment/temp agency? NO Yes – Agency:
Employer Address (Street):	City, State, ZIP:	# of miles from home to work (approx.):
Job Title:	Hourly Wages/Salary:	Average Hours/Week Worked:
Primary Responsibilities:		Reason for Leaving:

4. Employer Name:	Start Date: End Date:	Was this through an employment/temp agency? NO Yes – Agency:
Employer Address (Street):	City, State, ZIP:	# of miles from home to work (approx.):
Job Title:	Hourly Wages/Salary:	Average Hours/Week Worked:
Primary Responsibilities:		Reason for Leaving:

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

E) INCOME & FINANCIAL INFORMATION:

Provide a summary of your current sources of income, financial assistance, and debts.
This information will be used to develop a more detailed budget later in the application process.

INCOME & FINANCIAL SUPPORT

Person in Household Receiving Income	Form of Income <i>(Ex: Paycheck, Disability, SSI, Child Support, Unemployment)</i>	Gross Pay <i>(before taxes)</i>	Net Pay <i>(after taxes; "take home pay")</i>	Pay Schedule <i>(weekly, every 2 weeks, monthly, etc...)</i>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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 <i>(If known)</i>
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:			

CREDIT CARDS, LOANS, AND DEBTS

Please list **ALL DEBTS** the Applicant currently owes, including any money owed to credit cards, banks, “payday” loans, schools, medical providers, current/past landlords, the government/court, family/friends, or any other money currently owed to someone else. **This information may be verified with a credit report or background check.**

Creditor Name	Type of Debt <i>(Ex: Credit card, vehicle loan, mortgage, medical bills, taxes, fines, family debt, etc)</i>	Current Total Balance Owed	Current Monthly Payment Amount	Status of Debt <i>(Making Payments, Deferred, Overdue, In Collections, etc.)</i>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
TOTAL:		\$	\$	

**If additional loans/debts need to be reported, please attach on a separate sheet of paper.*

FINANCIAL ACCOUNTS AND INSTITUTIONS

List all financial institutions or accounts where Applicant keeps and accesses money, including checking, savings, or debit accounts. If Applicant has no formal accounts, explain where/how money is kept and accessed.

Name of Financial Institution or Money-Holding Entity	Type of Account <i>(Ex: Checking, Savings, Employer Pay Card, etc.)</i>	Current Account Balance	Date of Account Balance
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL:		\$	

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.

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
Gender: <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): _____
Race/Ethnic Background (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): _____
Marital Status: <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
Household Family Status (check all that apply): 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. <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 most/all of the time . <input type="checkbox"/> I have ____ (#) of children living in my home half-time (50/50 placement). <input type="checkbox"/> I have ____ (#) of children living in my home less than half time . <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): _____
Education (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: _____
Disability Status: 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
Veteran Status: <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: