

Dear Applicant –

Thank you for your interest in the Work-N-Wheels 0% Auto or Repair Loan Program offered by Forward Careers. This program is designed to provide affordable transportation solutions to eligible individuals who need reliable vehicles to access and maintain employment. We believe that reliable transportation is critical to achieving personal and professional success, and our program is dedicated to removing transportation barriers for working individuals and families.

Purpose of the Program

The Work-N-Wheels Program offers 0% interest auto or repair loans to assist eligible individuals in purchasing dependable vehicles. Our goal is to help individuals secure transportation that enables them to sustain employment and achieve greater economic stability.

Loan Amounts

- **Auto Loan:** Loan amounts vary depending on the applicant's income-to-debt ratio and can be granted up to a maximum of \$6,000.
- **Auto Repair Loan:** Loan amounts for auto repairs are also based on the income-to-debt ratio and can be granted up to a maximum of \$500. Please note that cosmetic or non-mechanical repairs are not eligible, and vehicles with existing liens do not qualify for repair loans.

Eligibility Requirements

To qualify for the Work-N-Wheels 0% Auto Loan Program, applicants must meet the following minimum criteria. Please note that these criteria are not exhaustive and meeting them does not guarantee approval.

- **Residency:** Must reside in Waukesha, Ozaukee, or Washington Counties.
- **Employment:** Must have maintained continuous employment for at least 90 days.
- **Income:** Household income must not exceed 150% of the federal poverty level.
- **Driver's License:** Must possess a valid Wisconsin driver's license.

Once eligibility is confirmed, applicants must complete the following requirements:

- **Vehicle Insurance:** Submit proof of valid vehicle insurance.
- **Financial Workshop:** Successfully complete a financial education workshop.

Important Notes for Applicants

- **Additional restrictions,** such as a history of vehicle repossession or an unsustainable income-to-debt ratio, may apply.
- **Submitting an application** does not guarantee eligibility or approval; all applications undergo a thorough review.
- **Complete all sections** of the application and provide required documentation (e.g., proof of employment, income verification). Incomplete submissions will be denied.
- **Send your application** and supporting documents in one email to kwolfe@forwardcareers.org.

We are committed to assisting qualified individuals through this program and look forward to reviewing your application.

Sincerely,
Forward Careers

Use this checklist to ensure all necessary documentation is included for a complete application.

Checklist

- Completed application (all questions answered on the application)
- Valid Driver's License
- Proof of Auto Insurance
- Last two paystubs for 90-day employment verification

APPLICANT INFORMATION

Are you applying for a vehicle loan or repair:		<input type="checkbox"/> Loan	<input type="checkbox"/> Repair
Will you have a co-signer?		<input type="checkbox"/> Yes (if yes, please complete co-signer information below) <input type="checkbox"/> No	
Applicant First, Middle, Last Name:			
Maiden Name or Alias:			
Social Security Number:			DOB:
Address:		City:	Zip:
Email:		Home/Cell Phone:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Other			
Co-signer First, Middle, Last Name:			
Co-signer Social Security Number:		Co-Signer DOB:	

APPLICANT DEMOGRAPHICS

Education Status:		<input type="checkbox"/> GED/HSED	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> AA	<input type="checkbox"/> BA or BS	<input type="checkbox"/> MA or MS	<input type="checkbox"/> Ph.D.	<input type="checkbox"/> N/A
If N/A:	<ul style="list-style-type: none"> Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Attained Certificate of Attendance/Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No Attained Other Post-Secondary Degree/Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently taking courses beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No 							
Race/ Ethnicity:	<input type="checkbox"/> American Indian and Alaskan Native (<i>tribal affiliation of North, Central and South America</i>) <input type="checkbox"/> Asian (<i>origins of Far East, Southeast Asia or Indian subcontinent</i>) <input type="checkbox"/> Black or African American (<i>origins of any black racial groups of Africa</i>) <input type="checkbox"/> Hispanic or Latino (<i>origins of Cuba, Mexico, Puerto Rico, South or Central America</i>) <input type="checkbox"/> Native Hawaiian and Other Pacific Islander (<i>origins of Hawaii, Guam, Samoa, or Pacific Islands</i>) <input type="checkbox"/> Not Hispanic or Latino (<i>origins of North America</i>) <input type="checkbox"/> White (<i>origins of Europe, Middle East or North Africa</i>) <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to Disclose							
What is your Limited English Proficiency Level:								
<input type="checkbox"/> Proficient (Read/Speak)		<input type="checkbox"/> English Language Learner						
<input type="checkbox"/> Limited English-Speaking Ability		<input type="checkbox"/> Limited English-Reading Ability						
<input type="checkbox"/> Primary Language, if other than English: _____								

BACKGROUND INFORMATION

<ul style="list-style-type: none"> Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, please explain: _____ Have you been incarcerated within the last 6 months? Date released: _____ Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, please explain: _____ Contact for agent: <ul style="list-style-type: none"> Name: _____ Email/Phone: _____ Are you currently receiving FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> Are you affected by substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a vehicle repossessed in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____ Are you a current or former foster child that received government support? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on SSI (Supplemental Security Insurance) or SSDI (Supplemental Security Disability Insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in FSET (Foodshare employment program)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on State or local income-based assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in W2/ TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No
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HOUSEHOLD INFORMATION

What is your current marital status? Single Married Legally Separated Widowed Divorced

Are you a non-custodial parent? Yes No Are you receiving alimony? Yes No

List the names, ages and relationship (self, son, daughter, niece, nephew, etc.) of all persons living in your home that you are providing financial support for, **including yourself**, and driver's license information, **if applicable**.

Name	Age	Relationship	License to Drive (Y/N)	Driver's License #	State Issued In	Expiration Date
		Self				

Housing Status: Rent Own At Risk of Homelessness Unhoused

Dwelling Type: House Mobile Home Apartment Duplex Temporary Housing
 Other:

Monthly Rent/Mortgage Cost:

Years/Months Living There:

HOUSEHOLD INCOME

List only the names, relationship, current employment status and # of weeks employed of all persons, **including yourself**, with employment income below.

Name	Relationship	Current Employment Status (Full, Part, Temp, Contracted)	# of Weeks Employed During the Last 26 Weeks
	Self		

VEHICLE/TRANSPORTATION INFORMATION (APPLICANT ONLY)

Do you currently own a vehicle? Yes (if yes see below) No

Vehicle Year: Make: Model:

Miles on Vehicle: Estimated Vehicle Value: Registered in Your Name? Yes No

Loan Obligation on Vehicle? Yes No Unpaid Loan Amount: Loan Payable to:

Vehicle Insured: Yes No Insurance Company: Coverage Type: Monthly Cost:

License Plate Number: Yes No License Expiration Date: Licensing State:

Last emissions test date (mm/dd/yy):

If vehicle is not registered in your name list registrant name:

If this application is for a Vehicle Repair, describe condition and/or repair needs of current vehicle:

If this application is for a Vehicle Loan, describe what you plan to do with the vehicle you currently own:

If you do not currently own a vehicle, indicate method of transportation to and from work:

Please rank what you plan to use the vehicle for, using 1 as most common and 7 as least common:
 ___ Education (self or children) ___ Employment ___ Medical Related Travel ___ Recreation
 ___ Shopping ___ Vacation ___ Visiting Family or Friends

DRIVING HISTORY (APPLICANT ONLY)

DUI, OWI, or alcohol related citations in past 5 years: Yes (explain below) No
 Moving vehicle violations in past 5 years: Yes (explain below) No
 Are you required to have any special insurance (SR-22) or a breathalyzer? Yes (explain below) No
 Other criminal/civil convictions in past 5 years: Yes (explain below) No
 Do you owe any fees to the State or Municipality (child support, UI overpayment, unpaid tickets, criminal offense, etc.): Yes (explain below) No
 Explain:

EMPLOYMENT HISTORY (APPLICANT ONLY – BEGIN WITH CURRENT OR MOST RECENT EMPLOYER)

Employer Name:		City:		State:	
Job Title:		Wage:		Start Date (mm/yy):	End Date (mm/yy):
Reason for Leaving:				Hours Per Week:	
Employer Name:		City:		State:	
Job Title:		Wage:		Start Date (mm/yy):	End Date (mm/yy):
Reason for Leaving:				Hours Per Week:	
Employer Name:		City:		State:	
Job Title:		Wage:		Start Date (mm/yy):	End Date (mm/yy):
Reason for Leaving:				Hours Per Week:	

REFERENCES

Reference Name:	Relationship:	Cell Phone Number:	Email:

SIGNATURE (APPLICANT ONLY)

I certify that all information contained in this application is true and complete to the best of my knowledge and belief.

Signature:		Date:	
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Note to verify income, your two (2) most recent paystubs will be required.

INCOME	AMOUNTS
Salary/Wage 1:	
How Often Paid:	
Gross Pay Per Check (before taxes and deductions):	
Net Per Check (after taxes and deductions):	
Salary/Wage 2:	
How Often Paid:	
Gross Pay Per Check (before taxes and deductions):	
Net Per Check (after taxes and deductions):	
Other Income (i.e. child support):	
Total Monthly Net Income:	
HOUSING	AMOUNTS
Rent/Mortgage Payment:	
2 nd Mortgage/Home Equity Loan/Lot Rent:	
Electricity/Heat (oil, gas, LP, wood):	
Telephone/Cell Phone/Pager:	
Cable/Satellite/Internet:	
Water/Sewer/Trash:	
Property Taxes (if not in mortgage escrow):	
Homeowners Insurance/Renters Insurance:	
Home Repair/Maintenance/Water Softener:	
Subtotal:	
TRANSPORTATION	AMOUNTS
Car Payment #1:	
Car Payment #2:	
Auto Insurance:	
Auto Maintenance Repair:	
License Tabs:	
Subtotal:	
MISCELLANEOUS	AMOUNTS
Clothing Purchases (back to school/special trips):	
Insurance (Health/Life):	
Medical Expenses (copays/deductible/chiro/prescriptions):	
Day Care/Pre-school/Private School:	
Tuition/Supplies/Lessons:	
Membership Fees/Health Club:	
Income Taxes (payment plan/self-employed):	
Union Dues/Investments/Savings/Bank Fees:	
Gifts/Birthdays/Holidays/Parties:	
Vacation/Travel:	
Other:	
Subtotal:	

FLEXIBLE EXPENSES		AMOUNTS	
Gasoline (gas, taxi, ride-share, bus, parking)			
Food (groceries, dining out, work lunches, school lunches)			
Household Items (baby items paper products, laundry, clothes)			
Cash/Miscellaneous (allowances, donations, tobacco, pet items)			
Entertainment (baby sitters, movies, sports, hobbies, books)			
Other			
Subtotal:			
CREDITORS		AMOUNTS	REMAINING BALANCE
Creditor 1			
Creditor 2			
Creditor 3			
Creditor 4			
Creditor 5			
Subtotal:			
TOTAL			

SUMMARY	CURRENT SPENDING	PLANNED SPENDING
Monthly Net Income:		
Housing Expenses:		
Transportation Expenses:		
Miscellaneous Expenses:		
Flexible Expenses:		
Creditors Expenses:		
Total Monthly Expenses:		
Surplus/Deficit (monthly income - monthly expenses)		