



# Program Application

## A. Are you eligible?

Wheels to Work assists eligible persons with financial assistance for repairs on currently owned vehicles.

To qualify for assistance, applicants must meet the following requirements:

- ✓ Resident of Otsego County for 30 days minimum **AND**
- ✓ Currently employed 20 or more hours/week at minimum wage **OR** have a verifiable letter of hire confirming employment of 20 or more hours/week. *All employment and the letter of hire must be verifiable.*  
**AND**
- ✓ Meet TANF household requirement that the household contain one of the following:
  - A minor child under the age of 18 or under the age of 19 and attending secondary school (high school) or an equivalent level of vocational or technical training, (e.g., a BOCES program), **OR**
  - A pregnant woman, **OR**
  - An adult who is not the parent, but is a relative caring for a minor child, **OR**
  - The applicant is the non-custodial parent of a minor child.**AND**
- ✓ Meet TANF income eligibility requirements (i.e., eligible to receive Family Assistance/SafetyNet, Medicaid, SNAP/Food Stamps, HEAP, or Reduced/Free Lunch benefits), **AND**
- ✓ Documented need for assistance

## B. Tell us about yourself.

Please fill in the blanks for this entire section.

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Address (if different from mailing): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Household Size: \_\_\_\_ Adults \_\_\_\_ Children (under the age of 18 OR under the age of 19 and attending high school or an equivalent level of vocational/technical training)

Service Requested: ☐ Car Repairs ☐ Gas Cards ☐ Insurance ☐ DMV Fees

☐ Other \_\_\_\_\_

Does anyone in your household own a vehicle? ☐ Yes ☐ No If Yes, please specify:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Current Mileage: \_\_\_\_\_

Is this vehicle in running condition? ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A written estimate will be requested to confirm this information.)

Current occupation:

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

When did you start working with this employer? (Month/Year) \_\_\_\_\_

May we contact your employer for a reference? ☐ Yes ☐ No

If Yes, your supervisor's name and phone number: \_\_\_\_\_

What is the approximate distance from your residence to your work? \_\_\_\_\_ miles

Do you have a valid New York State Driver's License? ☐ Yes ☐ No

If Yes, License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have children? ☐ Yes ☐ No If Yes, please provide the following information:

| First & Last Name | Birth Date | Living at Home? |
|-------------------|------------|-----------------|
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |

What is the distance from your residence to your childcare provider? \_\_\_\_\_ miles or ☐ N/A

Is public transportation available in your area? ☐ Yes ☐ No

If yes, do you use public transportation? ☐ Yes ☐ No

If public transportation is available but you don't use it, why not? \_\_\_\_\_

\_\_\_\_\_

If public transportation is not available in your area, how do you get back and forth to work and to your childcare provider (if applicable)? \_\_\_\_\_

\_\_\_\_\_

What is the approximate distance from your home to public transportation? \_\_\_\_\_ miles or ☐ N/A

Are other transportation options available to you (e.g., taxi, carpooling, walking, and bicycling)? ☐ Yes ☐ No

If Yes, what are they? \_\_\_\_\_

Do you receive benefits under one or more of the following programs?

- ☐ Family Assistance/Safety Net      ☐ Medicaid/Medicare      ☐ SNAP (Food Stamps)      ☐ HEAP  
☐ Reduced/Free School Lunch      ☐ SSI      ☐ SSDI

List all sources of **gross income** (before taxes) including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member:

| Type of Income | Payee (Who Receives?) | Amount | Frequency (weekly, monthly, etc.) |
|----------------|-----------------------|--------|-----------------------------------|
|                |                       |        |                                   |
|                |                       |        |                                   |
|                |                       |        |                                   |
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Please provide a brief statement explaining why you need our services and how it will help you obtain, maintain, and/or improve employment.

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Are you working with any other programs at Opportunities for Otsego? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Please check any topics about which you would like additional information:

- ☐ Healthy Pregnancy      ☐ Heating Assistance/Weatherization      ☐ Housing Assistance  
☐ Child Development      ☐ Child Care      ☐ Employment  
☐ Energy Conservation      ☐ Home visiting programs      ☐ Parenting Education  
☐ Managing a Budget      ☐ Violence Intervention Program      ☐ Nutrition  
☐ Other \_\_\_\_\_

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SIGNATURE OF APPLICANT

DATE

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### C. What happens next?

1. Return the application to:

- By mail:       Wheels to Work Program Coordinator  
                  3 West Broadway  
                  Oneonta, NY 13820
- In person:     Wheels to Work Program Coordinator  
                  10-20 Depew Street  
                  Oneonta, NY 13820
- By fax:         607.433.8336
- By e-mail:     saugur@ofoinc.org

2. Schedule an Interview:

**All applicants** for the Wheels to Work program are asked to complete an interview. The Wheels to Work Program Coordinator will contact you to schedule an appointment. You will be asked to provide the following information:

- Proof of employment (4 most recent paystubs) or letter of hire
- Copy of your New York State Driver's License, Registration and Insurance
- Social Security numbers, birth dates, and documented income information for all household members
- Information pertaining to household expenses for completion of a budget

For **car repairs**, also bring the following:

- Copy of the title, registration, and insurance card for your vehicle
- 3 estimates of repair from a licensed motor vehicle repair shop