



Program Application

A. Are you eligible?

Wheels to Work assists eligible persons with the purchase of affordable used vehicles and 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 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 AND
- ✓ For car purchases:
 - Driver's license does not have any points and must be clean of DUI, DWI, and DWAI for 7 years from the date of fines paid.
 - Have not previously purchased a car through Otsego County's Wheels to Work program.

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 ☐ Car Purchase

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 child care 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 child care 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, car pooling, walking, 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

Please list all sources of **gross income** 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.)

Please provide a brief statement explaining why you need our services and how it will help you obtain, maintain, and/or improve employment.

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 _____

SIGNATURE OF APPLICANT

DATE

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: ksperbeck@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
- 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 purchases**, we will request permission to check your driving record with the DMV. Clients must be clean of DUI, DWI, and DWAI for 7 years from the date of fines paid.

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

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