

## Car for Work Program (CWP) Application

The CWP is a ministry of Samaritan Outreach. It was created to help qualified single mothers maintain a reliable car to get to work or school each day by providing financial grants of up to \$500.00 to cover the cost of auto repairs.

1. Are you a single mother with at least one child under the age of 13 living with you?  
Yes \_\_\_\_ No \_\_\_\_ If no, you are not eligible for this program. **STOP HERE.**
2. Do you own a car or van? Yes \_\_\_\_ No \_\_\_\_ If no, you are not eligible for this program. **STOP HERE.**
3. Do you own a car or van? Yes \_\_\_\_ No \_\_\_\_ If no, you are not eligible for this program. **STOP HERE.**
4. Do you live in Montgomery County, Ohio? Yes \_\_\_\_ No \_\_\_\_ If no, you are not eligible for this program. **STOP HERE.**
5. Are you employed at least 20 hours per week or attend college at least part-time in a degree program (trade school or job certification program included)?  
Yes \_\_\_\_ No \_\_\_\_ If no, you are not eligible for this program. **STOP HERE.**

Name \_\_\_\_\_ Age \_\_\_\_\_

**Address:**

Street \_\_\_\_\_ City, State \_\_\_\_\_, Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email address (if any): \_\_\_\_\_

**Family:**

How many children do you have? \_\_\_\_\_

Please provide the following information for all of your children who currently live within your household for which you are the primary care-giver:

<u>Name (First/Last)</u>	<u>Age</u>	<u>Birth date (m/day/yr)</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**Marital Status:**

- Separated                       Never Married  
 Divorced                         Engaged  
 Widowed

How many "adults" live with you? \_\_\_\_\_

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**Work/Financial Profile:**

Provide the following information for your current employer (Note: If not employed, provide for your last employer):

**Name of Company** \_\_\_\_\_ **Supervisor** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

If not employed, indicate date of last employment: From (month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ to (month/year)\_\_\_\_/\_\_\_\_/\_\_\_\_

<p>Current Monthly Gross Income:</p> <input type="checkbox"/> Less than \$600 <input type="checkbox"/> More than \$600.00 but less than \$1,200.00 <input type="checkbox"/> More than \$1,200.00 but less than \$1,500.00 <input type="checkbox"/> More than \$1,500.00 but less than \$1,800.00 <input type="checkbox"/> \$1,800.00 or greater
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<p>How much money do you need to take home each month to save for emergencies, meet your financial obligations and educational expenses, and feel financially secure?</p> <p style="text-align: center;">\$ _____ per month</p>
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<u>Sources of Income</u>	<u>Monthly NET Income from:</u>	<u>Budget/Expense Items</u>	<u>Amount Spent/Month Expenses for</u>
ADC	_____	Rent/Mortgage	_____
WIC	_____	Auto Repair	_____
Child Support	_____	Utilities	_____
Food Stamps	_____	Food and Groceries	_____
Social Security	_____	Education	_____
Church Support	_____	Medical Bills	_____
Inheritance	_____	Consumer Debt	_____
Disability	_____	Auto Insurance	_____
Home Business	_____	Life Insurance	_____
Other	_____	All Other	_____
<b>Total Income:</b>	<b>\$ _____</b>	<b>Total Expenses:</b>	<b>\$ _____</b>

Do you currently own your own business? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you complete High School or earn your G.E.D? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, are you willing and able to take the G.E.D. test within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate the highest level of education you have completed:

Junior High School     Master's Degree  
 High School             Doctorate  
 Associate Degree        Other (please specify) \_\_\_\_\_  
 Bachelor's Degree

If you are currently enrolled in a degree program at a college, what is your anticipated date of graduation?  
 Month \_\_\_\_ Year \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

After you complete this application, please call Rev. Jeff and Pam Baugham (937-275-7310) at the Samaritan Outreach office to set up an interview. Along with your completed application, please bring the following with you to the interview:

- (1) Proof of income (either your last two pay statements covering at least one month of work or last year's W-2, (2) Picture of your self and children under 13 years of age, (3) driver's license, and (4) proof of insurance. Without this information, we will not be able to accept your application.**

**Note:** The Samaritan Outreach Steering Committee reserves the right to select participants, determine the number of participants, and designate how funds will be used and dispersed. Moreover, they will oversee the administration of all grants, in-kind gifts, and reserve funds. Please be advised that applicants who deliberately falsify information will be automatically disqualified from the program. **Privacy Act Waiver:** Upon signing this application, the applicant gives Samaritan Outreach permission to seek or share pertinent information for processing the application and promoting the ministry.