



# VEHICLE APPLICATION

Please **Print** this document. Send completed application to Karen Hattervig, 805 Pam Road, Sioux Falls, SD 57105

## Applicant

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please list your dependent children living with you: Attach a separate sheet if necessary.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other adults living with you: (Please list their relationship also)

\_\_\_\_\_

## Work History

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ Hours worked \_\_\_\_\_  
Address \_\_\_\_\_ Can we contact you at work? \_\_\_ Yes \_\_\_ No  
Job Title \_\_\_\_\_ Start Date \_\_\_\_\_

If you are a student, please provide name of school, graduation date and major \_\_\_\_\_  
\_\_\_\_\_

## Transportation/Driving History

What are you currently doing for transportation? \_\_\_\_\_

How far is it from your home to your employment? \_\_\_\_\_ miles

Do you transport your children to school or day care? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how far? \_\_\_\_\_ miles

Do you have a current South Dakota Driver's License? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_

If no, explain what you need to do to obtain one and any corresponding costs.  
\_\_\_\_\_

Have you had any traffic violations, misdemeanors or felony convictions within the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list below and indicate the month and year for each one.  
\_\_\_\_\_

Do you have any pending court appearances? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

## Monthly Income/Assets

Institution Name	Address	Bank Accounts:		Balance
		Checking acct #	Savings acct #	
Monthly Income:				Amount withheld from wages:
Gross regular wages	_____			Federal/State taxes _____
Bonus/overtime/tips	+ _____			Soc.Sec./Medicare + _____
Child Support	+ _____			Child Support + _____
Other	+ _____			Med. Insurance + _____
	+ _____			Savings/Pension + _____
Total gross income	_____ (1)			Total expenses _____ (2)
Total Income	_____ (1) minus deductions _____ (2) equals net income _____ (3)			

## Monthly Expenses/Liabilities

Rent/Mortgage _____	Child Care _____	Car Insurance _____
Lot Rent _____	Groceries _____	Transportation _____
House/Renters Ins _____	Laundry _____	Child Support _____
Heat _____	Medical _____	Church/Donation _____
Water/Sewer/Garbage _____	Clothing _____	Taxes _____
Telephone _____	Recreation _____	Other _____
Tuition/Books/Education _____	Toiletries/Diapers _____	Other _____
Life Insurance _____		
Total Expenses _____ (4)		

Net Income (3) \_\_\_\_\_ minus Total Expenses (4) \_\_\_\_\_ equals \_\_\_\_\_

Other available cash/savings \_\_\_\_\_

Itemize any monthly debts such as credit cards, loans, etc.

\_\_\_\_\_

Are there any lawsuits, claims or judgments against you? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

## Signatures

*I certify that the information provided throughout this application is true and correct. I understand the furnishing of false information may result in the denial of the application. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine my eligibility. You are authorized to check my credit, employment and criminal background. I understand that there is no guarantee that I will be able to receive a car through the Wheels-to-Work Program and that the selection is based on those with the most urgent need..*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

