



# Transportation Assistance Program Verification Checklist

Anoka County Minnesota Residents Only

## Please Submit the Following:

### Car Repair, Insurance, or Vehicle Registration Requests:

- Fill out application completely and sign
- Sign the attached release form and intake form
- Copy of Driver's License and significant other Driver's License (showing current address)
- Copy of Title of Vehicle – vehicle must be registered in your name
- Copy of Proof of Insurance if applying for car repair only
- Copy of bill from your insurance company (if applying for help with insurance) or three quotes from local insurance agencies (if applying for help to start a new policy) this can be faxed directly to Irina with CEAP at 763-783-4927. **\*NOTE: ASSISTANCE FOR INSURANCE, TABS OR VEHICLE REGISTRATION AVAILABLE FOR CURRENT MFIP/DWP CLIENTS ONLY**
- Copy of current bank account balance (if you have accounts in your name)
- Copy of Pay Stubs for the last 30 days (if employed) or proof of other income

**NOTE:** *“Applicant has 30 days to submit required verification once the initial application has been received or their application will be denied based on insufficient information.”*

### Car Donation Requests:

**NOTE:** *“Must be ineligible for CEAP Transportation Solutions Car Purchase Loan or Welfare to Work Car Purchase Loan. Also, must be at least **21** years of age and have **no** vehicles in your household.”*

- Fill out application completely and sign
- Sign the attached release form and intake form
- Attach copy of Driver's License and significant other Driver's License (showing current address)
- Take Dollars into \$ense Class
  - o You attend this class one time. The class is an hour and a half long.
  - o The class is offered once a month. There is a 10 a.m. or 7 p.m. class.
  - o Call 763-755-1280 to register for the next class
- Have County Worker or your local Church send a Referral to Free2B! explaining the need.
- Attach copy of Proof of Residency (Anoka County – 6 months or more)
- Copy of current bank account balance (if you have accounts in your name)
- Copy of Pay Stubs for the last 30 days (if employed) or proof of other income

Please note: After all the information is received, verified, and accepted you will be put on a waiting list. Once a car is available you will be notified. Once you are notified, you will be responsible for obtaining car insurance. Proof of insurance will need to be faxed to Free2B! Also, you are required to attend a two hour basic car maintenance and resource networking class which will be held on the Saturday you receive your car.



# Transportation Assistance Program Application

Name: (Print) \_\_\_\_\_

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

City, ST, Zip \_\_\_\_\_

Maxis Case: \_\_\_\_\_

Phone # \_\_\_\_\_

Other Phone # \_\_\_\_\_

List the people who live in your home:

	Name	Date of Birth	Relationship	SSN	US Citizen	Race
1.			<b>SELF</b>			
2.						
3.						
4.						
5.						
6.						

1) Is anyone in the home currently receiving assistance?  Yes  No If Yes, Type:  MFIP/DWP  FS  MA  
If yes, is anyone currently in sanction?  Yes  No

2) How long have you lived in Anoka County? \_\_\_\_\_ Do you have a valid MN driver's license?  Yes  No

3) Transportation Assistance needed?  Car Repair  Insurance (MFIP/DWP clients only)  
 Vehicle Registration/Tabs (MFIP/DWP clients only)  Donated Vehicle

4) **What income do you have?**

**Present Employer** \_\_\_\_\_ Date Started \_\_\_\_\_  
Phone: \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

**Spouse (significant other) Present Employer** \_\_\_\_\_ Date Started \_\_\_\_\_  
Phone: \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

**Other Income:** MFIP/DWP \$ \_\_\_\_\_ Food Support \$ \_\_\_\_\_ UI/WC \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
SSI/RSDI \$ \_\_\_\_\_ (who receives \_\_\_\_\_) Other \$ \_\_\_\_\_

5) **Monthly expenses:** Housing (Rent/Mortgage) \$ \_\_\_\_\_ Utilities (Gas/electric/water) \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_ Car insurance \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_  
Transportation (gas/maintenance) \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Are you current on your rent/mortgage?  Yes  No Current on other bills?  Yes  No

6) Are you looking for work?  Yes  No Number of hours per week: \_\_\_\_\_

Is your spouse looking for work?  Yes  No Number of hours per week: \_\_\_\_\_

7) Does anyone have any bank accounts?  Yes  No If yes, amount in bank accounts \$ \_\_\_\_\_

8) **Cars in the household:**

Year	Make	Model	Mileage	Amount Owed

**For Car Repair, describe vehicle problem:** \_\_\_\_\_

My signature acknowledges that the information provided is correct, true and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Agency Signature: \_\_\_\_\_



# COUNTY OF ANOKA

*Anoka County Job Training Center*

**CEAP**

*Free to Be, Inc.*

CEAP (Transportation Coordinator), 1201 89<sup>th</sup> Ave., Suite 230, Blaine MN 55434 Phone 763-783-4864 Fax 763-783-4927  
Free to Be, Inc. 1201 89<sup>th</sup> Ave., Suite 230, Blaine MN 55434 Phone 763-717-7755 Fax 763-717-7839

## **AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION and Permission to Verify Application**

I \_\_\_\_\_, permit CEAP (Community Emergency Assistance Program) and Free to Be, Inc. to share and verify the information to determine benefits I may be eligible for.

They can share information with:

- Anoka County Income Maintenance Department
- Anoka County Job Training Center
- My employer \_\_\_\_\_
- Car insurance company \_\_\_\_\_
- Auto Dealer \_\_\_\_\_
- Garage \_\_\_\_\_
- Other: \_\_\_\_\_ (Must specify)

Data given by the county may include:

- What help CEAP may give me.
- Information about help the CEAP gives me now.
- The amount the CEAP may pay them.

This data is private. The CEAP and Free to Be, Inc. can only give this information if they have my permission in writing. They may give data without my permission if otherwise provided by state or federal law. I understand I may refuse to release this data. If I refuse, the CEAP and Free to Be, Inc. may be unable to help me resolve my crisis. The CEAP and Free to Be, Inc. verifies the information provided on the application is correct, true and complete. Free to Be, Inc. verifies information through exchange of information with Anoka County agencies. For the Free to Be, Inc. Car Care Program, Free to Be, Inc. will verify that there are no working vehicles in the household. **This verification will be done using DMV vehicle ownership information.**

**Clients will be ineligible for assistance if they are currently in collections for an existing loan with CEAP, have defaulted on a previous loan or are currently behind on a loan with CEAP before it goes into collections. Clients will also be ineligible if they are not in compliance with other agencies collaborating with Free to Be, Inc.**

I hereby authorize Free to Be, Inc. and the CEAP to release and exchange information pertaining to my applications and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. I authorize release and exchange of the information requested for a car donation or car repair. This permission is good for one year from the date I sign it.

\_\_\_\_\_  
Signature of person authorizing release

\_\_\_\_\_  
Date

**Additional Information:**



**Are you a U.S. citizen?** Yes No **If No, Alien Number:** \_\_\_\_\_

**Date Card Expires:** \_\_\_\_\_

**Marital status:** Single Married Widowed Divorced Separated

**Donated Car Information:** Are you able to drive a Stick (vs. automatic) shift vehicle?  Yes  No

Participation Survey- Effective 05/31/11

*Please circle the appropriate selection:*

**Sex:** Female Male  
**Age:** 21-30 31-61 62 or older (senior)  
**Hispanic:** Yes No

**Single Race** or **Multi-Race** or **Other**  
 White American Indian and White  
 Black / African American Asian and White  
 Asian African American and White  
 American Indian or Alaska Native American Indian and African American  
 Native Hawaiian or Pacific Islander

**Are you Homeless?** Yes No **Are you a Veteran?** Yes No

**Female Head of Household:** Yes No  
 (Definition: a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent's financial support.)

**Do you have a documented mental illness?** Yes No **If yes, describe:** \_\_\_\_\_

**Are you Severely Disabled?** Yes No **If yes, describe:** \_\_\_\_\_

**Income Information:** Circle family size (total number in household including foster children) then, without changing rows, Effective 5/31/11 Circle the amount listed to the right of the "family size" column that includes your total household income.

Family Size	Income Categories			
	Extremely Low	Very Low	Low	Over Income
1	\$17,400 or below	\$17,401 thru \$28,950	\$28,951 thru \$44,950	\$44,951 or above
2	\$19,850 or below	\$19,851 thru \$33,100	\$33,101 thru \$51,400	\$51,401 or above
3	\$22,350 or below	\$22,351 thru \$37,250	\$37,251 thru \$57,800	\$57,801 or above
4	\$24,800 or below	\$24,801 thru \$41,350	\$41,351 thru \$64,200	\$64,201 or above
5	\$26,800 or below	\$26,801 thru \$44,700	\$44,701 thru \$69,350	\$69,351 or above
6	\$28,800 or below	\$28,801 thru \$48,000	\$48,001 thru \$74,500	\$74,501 or above
7	\$30,800 or below	\$30,801 thru \$51,300	\$51,301 thru \$79,650	\$79,651 or above
8	\$32,750 or below	\$32,751 thru \$54,600	\$54,601 thru \$84,750	\$84,751 or above
More than 8	Talk to agency staff for help in determining income category for your household.			

I certify that the information on this form is accurate and complete. I authorize Free2B! to verify the information provided if necessary.

Signature

Date

**HUD Definitions**

**Female Head of Household:** a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent's financial support.

**Senior:** a person 62 years or older.

**Severely Disabled:** If you

- 1) use a wheel chair or another special aid for 6 months or longer; or,
- 2) are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking), or need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating or toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); or
- 3) are prevented from working at a job or doing housework; or,
- 4) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility, dementia or mental retardation; or,
- 5) are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

**Youth:** a person 18 years or younger.

**For Agency use only:**  
(Participant does not complete)

**Income determination for households of more than 8 members:**

Per HUD, family sizes in excess of 8 persons are calculated by adding eight percent (8%) of the four-person income limits for each additional family member. So:

- 9-person household should be 140% of the 4-person limit;
- 10-person household should be 148% of the 4-person limit;
- 11-person household should be 156% of the 4-person limit;
- 12-person household should be 164% of the 4-person limit; and so on.

*If conflicting information is provided on Survey form, please explain here:*

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