

Complete and return the program application (all questions must be answered), to the address listed below.

PLEASE NOTE: Work-n-Wheels is a vehicle purchase program only. For auto repairs please apply to our "My Garage" program, contact Peggy Zielinski 800-242-7334.

Include the following documentation to be considered for the program:

- ☐ Proof of all household income
- ☐ Copy of drivers license
- ☐ Copy of current auto insurance (if you own an auto currently)

If you have questions about the Work-N-Wheels program, please contact:

Jo Ann Usiak 920-489-2401 ext. 1419 or 800-242-7334.

Please return completed applications and documents via mail, fax or email:

Mail: Newcap
ATTN: Jo Ann
1540 Capitol Drive
Green Bay, WI 54303

Fax: 920-834-4887 Attn: Jo Ann

Email: joannusiak@newcap.org

Program Assistant
Jo Ann Usiak
920-489-2401 ext. 1419 or 800-242-7334

Are you currently employed? ☐ YES ☐ NO

Do you currently have a valid driver's license? ☐ YES ☐ NO

How many are currently in your household? _____

Have you been turned down for an auto loan? ☐ YES ☐ NO

What is your income? MONTHLY: _____ ANNUAL: _____

What is your spouse's income? MONTHLY: _____ ANNUAL: _____

PARTICIPANT INFORMATION

What county do you live in? _____

First Name: _____ MI: _____ Last: _____

Street address/PO Box: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Cell: _____

Driver's License number _____ State: _____ Exp date: _____

HOUSEHOLD INCOME

List all your monthly income below

Employment: _____

Disability: _____ Source of Disability Income: _____

Alimony: _____ Person Paying: _____

Child Support: _____ County: _____ Person Paying: _____

Other: _____ Explain: _____

Other: _____ Explain: _____

TOTAL MONTHLY INCOME: _____

HOUSEHOLD MEMBERS

1. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

2. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

3. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

4. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

5. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

6. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

7. Relationship to Applicant: _____ Age: _____ Gender: _____

First Name: _____ MI: _____ Last: _____

Birth Date: _____

EMPLOYMENT INFORMATION

Current Employer: _____ Start Date: _____ # Miles to Work: _____
Street Address/PO Box: _____ City: _____
State: _____ Zip: _____ Phone: _____

TRANSPORTION INFORMATION

Do you own a vehicle? ☐ YES ☐ NO

If no, method of transportation: _____

If yes answer: Year: _____ Make: _____ Model: _____

Est Value: _____ Miles: _____ Money owed: _____

Lien Holder Name: _____

Street Address/PO Box: _____ City: _____

State: _____ Zip: _____ Phone: _____

Who has possession of the title: _____

License Plate number: _____ State: _____ Expiration Date: _____

Do you have insurance on the vehicle: ☐ YES ☐ NO

Type of insurance: ☐ Collision ☐ Liability Cost of insurance: _____

Name of insurance company: _____

Street Address/PO Box: _____ City: _____

State: _____ Zip: _____ Phone: _____

Are you willing to ride share with another person? ☐ YES ☐ NO

Monthly Budget for the Entire Household

Remember: This is a one month budget only DO NOT include monthly credit cards, etc.

Name(s) of Adults living in this Household: _____

EXPENSES

Shelter

Rent/Mortgage	
Lot Payment	
Property Taxes	
Homeowners Insurance	
Renters Insurance	
House Maintenance	
Electricity	
Telephone	
Cell Phone	
Water/Sewer/Garbage	
Heat (Oil, propane, wood)	
Other	
Subtotal	

Rent received from
other programs

Food

Groceries(out of pocket)	
School Meals(out of pocket)	
Subtotal	

Food stamps received

Shelter	
Household	
Food	
TOTAL EXPENSES	

Household

Diapers	
Toiletries/Cosmetics	
Laundry	
Car Loan	
Car Insurance	
Gasoline	
Car Repairs	
Clothes	
School (tuition, books, etc.)	
Child Support (paid out)	
Babysitter/Daycare	
Copay for Daycare	
Medical Expenses	
Health/Life Insurance	
Personal Items	
Cigarettes	
Alcohol	
Recreation (movies, vacations)	
Cable TV/Satellite	
Gambling/Lottery	
Monthly Payments (charge accounts, credit cards, etc.)	
Miscellaneous (haircuts, music, gifts, subscriptions, donations)	
Other	
Subtotal	

INCOME

Wages: Gross		SS/SSI	
Net		W2	
Unemployment/Workers Comp			
Pensions/Interests			
Alimony/Child Support			
TOTAL INCOME			

BUDGET STATUS

INCOME	
EXPENSES	
EQUALS+/-	

BANK ACCOUNTS

Current Balance - Savings	
Current Balance - Checking	

NEWCAP INTAKE FORM – Please complete this form in its entirety to avoid a delay in services.

What program/s are you interested in (check all that apply): ☐ Rental Assistance ☐ Weatherization ☐ Furnace
☐ Health Services ☐ Homebuyer/Homeowner Programs ☐ Transportation ☐ Entrepreneur ☐ Newcap rentals
☐ Job Search ☐ Budget Counseling ☐ Education ☐ Other: _____

CUSTOMER INFORMATION

Last Name	First Name	MI	Date of Birth	Intake Date
Phone () Cell ()	Email		SSN	Office Location/Site
Primary Address:			City:	Zip Code
Mailing Address:			County/Tribe:	

GENDER	MARITAL STATUS	ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

HOUSEHOLD TYPE	INDICATE YOUR RACE (SELECT ONE)	
<input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Two parent household <input type="checkbox"/> Single person <input type="checkbox"/> Two or more adults NO CHILDREN	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unspecified

INDICATE YOUR EDUCATION (SELECT ONE)		
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> 9-12 Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Vocational School <input type="checkbox"/> Unspecified

INDICATE YOUR HEALTH INSURANCE (SELECT ONE)		
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown

MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?	ARE YOU DISABLED?
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Status <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

FARMER (SELECT ONE)	WORK STATUS (SELECT ONE)	
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer	<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term >6mos <input type="checkbox"/> Unknown

RESIDENT? (SELECT ONE)	NON-CASH BENEFITS (SELECT ONE)	
<input type="checkbox"/> US citizen <input type="checkbox"/> Documented Alien <input type="checkbox"/> Undocumented Alien	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH	<input type="checkbox"/> LIHEAP <input type="checkbox"/> Other <input type="checkbox"/> SNAP <input type="checkbox"/> Public Housing <input type="checkbox"/> WIC <input type="checkbox"/> None <input type="checkbox"/> Permanent Supportive Housing

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment <input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> EITC <input type="checkbox"/> None <input type="checkbox"/> VA Service-Connected Compensation <input type="checkbox"/> VA Non-Service Connected Pension
HOUSING STATUS (SELECT ONE)			
<input type="checkbox"/> Own <input type="checkbox"/> Rent to Own <input type="checkbox"/> Rent Rent amount per month: _____	Landlord name: _____ LL Address: _____ LL Phone number: _____ Who pays for heating? <input type="checkbox"/> Landlord or <input type="checkbox"/> Tenant		<input type="checkbox"/> Other <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Stable <input type="checkbox"/> Temporary Unstable
HOUSING TYPE (SELECT ONE)			
<input type="checkbox"/> House- year built _____ <input type="checkbox"/> Duplex (lower/upper level or side by side) - Year built _____ <input type="checkbox"/> Apartment - # of Units _____ Year built _____ <input type="checkbox"/> Mobile home Year built _____	<p>Type of Energy Source</p> <p><u>Water Heater</u></p> <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Unknown		
	<p><u>Heating</u></p> <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Unknown		
RELIABLE TRANSPORTATION: <input type="checkbox"/> YES OR <input type="checkbox"/> NO			
DO YOU HAVE A VALID DRIVER'S LICENSE: <input type="checkbox"/> YES OR <input type="checkbox"/> NO			
<p>Are you or any household member related to any Newcap employee or Board of Director? (related to includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child))</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, please explain: _____</p>			
<p>NOTES:</p>			

Other Household Members

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: ____/____/____

GENDER: ☐ Male ☐ Female**RELATIONSHIP TO THE APPLICANT**

☐ Boy/Girlfriend ☐ Parent
☐ Son ☐ Daughter
☐ Cousin ☐ Sibling
☐ Foster-Child ☐ Spouse
☐ Grandchild ☐ Step-child
☐ Grandparent ☐ Step-parent
☐ Nephew/Niece ☐ No Relation
☐ Uncle ☐ Aunt

ETHNICITY:☐ Hispanic ☐ Non-Hispanic**RACE:**

☐ American Indian ☐ Black
☐ White ☐ Asian
☐ Other: _____

MARITAL STATUS:

☐ Single ☐ Married
☐ Divorced/Separated
☐ Widowed

HIGHEST LEVEL OF EDUCATION:

☐ 0-8 grade
☐ 9-12/Non-Graduate
☐ High School Graduate/GED
☐ 12+ Some Post-Secondary
☐ 2 or 4-year College Graduate

HEALTH INSURANCE STATUS:

☐ Medicaid/Medicare
☐ No coverage (self-pay)
☐ VA Benefits
☐ Government/Tribal Insurance
☐ Other (Please specify)

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
 Disabled: ☐ Yes ☐ No
 If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
 Long Term: ☐ Yes ☐ No

EMPLOYMENT STATUS:

Are You Currently Employed?
☐ Yes ☐ No
 If yes: ☐ Full Time ☐ Part Time
 Hours per week _____
 Hourly wage _____
 If no, state reason: _____

STAFF USE Only:

Program: _____
 Service Start Date: _____
 Service End Date: _____

Other Household Members

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: ____/____/____

GENDER: ☐ Male ☐ Female**RELATIONSHIP TO THE APPLICANT**

☐ Boy/Girlfriend ☐ Parent
☐ Son ☐ Daughter
☐ Cousin ☐ Sibling
☐ Foster-Child ☐ Spouse
☐ Grandchild ☐ Step-child
☐ Grandparent ☐ Step-parent
☐ Nephew/Niece ☐ No Relation
☐ Uncle ☐ Aunt

ETHNICITY:☐ Hispanic ☐ Non-Hispanic**RACE:**

☐ American Indian ☐ Black
☐ White ☐ Asian
☐ Other: _____

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☐ Single ☐ Married
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HEALTH INSURANCE STATUS:

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☐ No coverage (self-pay)
☐ VA Benefits
☐ Government/Tribal Insurance
☐ Other (Please specify)

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
 Disabled: ☐ Yes ☐ No
 If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
 Long Term: ☐ Yes ☐ No

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☐ VA Benefits
☐ Government/Tribal Insurance
☐ Other (Please specify)

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
 Disabled: ☐ Yes ☐ No
 If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
 Long Term: ☐ Yes ☐ No

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ETHNICITY:☐ Hispanic ☐ Non-Hispanic**RACE:**

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 Disabled: ☐ Yes ☐ No
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 Long Term: ☐ Yes ☐ No

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 Disabled: ☐ Yes ☐ No
 If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
 Long Term: ☐ Yes ☐ No

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