

Auto Loan Application Instructions:

To apply for the Auto loan program the following documents need to be completed and returned:

1. Application (*Attached to this document*)
2. Monthly Budget Worksheet (*Attached to this document*)
3. Auto Lending Program Client Policy (*Attached to this document*)

Please send the following documents to your loan coordinator with your completed application:

1. 30 days of pay stubs and proof of all other household income (*Social Security, Pension, etc. for ALL individuals who reside in your residence*)
2. A copy/photo of your valid WI driver's license

Once we receive the above items, we will begin processing your application, which includes reviewing your credit report and items of public record. If conditionally approved, you will be required to receive financial training, more information on the financial training will be provided if the application is conditionally approved.

You will be responsible for a 5% admin fee on Work-n-Wheels loans or a 1% admin fee on Affordable Auto Loans. The fee will be due when the loan closes.

If you have any questions, please let us know.

Cap Services Lending Department Contact Information:

Kris Murphy
Consumer Lending Coordinator
P: 715-340-6248
E: kmurphy@capmail.org

General Inbox: Loans@capmail.org

Clients approved for any CAP Services loan will be required to submit proof of financial wellness training by the time of loan closing. You will be provided with more information on this once your application is approved.

Many of our funders require that we demonstrate the impact of our efforts on the community. The following questions serve as a basis for this determination. Our continued funding depends on your ability to provide this information. All information will be kept confidential. We do not report individual data to any government or private agency. All reports are aggregated and anonymous.

Applicant Information:_____
Last Name_____
First Name_____
Middle Name_____
Date of Birth_____
Social Security Number_____
Email Address_____
Phone Number_____
Street Address_____
City_____
State_____
Zip Code_____
County of Residence_____
Driver's License Number_____
Expiration Date_____
Issued State**Gender:** Male Female Non-Binary Trans Male Trans Female Other**Race:** *Please check all that apply* American Indian/Alaskan Native Asian/Hmong Asian/Not Hmong Multiracial Black/African American Native Hawaiian/Other Pacific Islander White Other: _____**Ethnicity:** Hispanic or Latino Not Hispanic or Latino**Do you have a disability?** Yes No**Household Status:** Rent Homeowner Homeless Other**Marital Status:** Married Unmarried**Veteran Status:** Veteran Active Duty Non-Veteran**Citizenship Status:** U.S. Citizen Permanent Resident Alien Non-Permanent Resident Alien Seeking Citizenship**Were you born outside of the United States?** Yes No**Highest Education Level Achieved:** Less than 8th Grade Less than high school (No diploma/GED) High School Diploma/GED Some Post Secondary 2-4 Years College Graduate Graduated other post-secondary**Health Insurance:** *Check all that apply* Medicaid Medicare State Childrens Health Insurance State Health Insurancefor Adults Military Health Insurance Private Insurance Employer Provided Uninsured

Please Check: Co-Applicant Spouse Information:

Last Name **First Name** **Middle Name**

Date of Birth **Social Security Number** **Email Address** **Phone Number**

Street Address **City** **State** **Zip Code**

County of Residence **Driver's License Number** **Expiration Date** **Issued State**

Gender: Male Female Non-Binary Trans Male Trans Female Other

Race: *Please check all that apply* American Indian/Alaskan Native Asian/Hmong Asian/Not Hmong Multiracial
 Black/African American Native Hawaiian/Other Pacific Islander White Other: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Do you have a disability? Yes No

Household Status: Rent Homeowner Homeless Other

Marital Status: Married Unmarried

Veteran Status: Veteran Active Duty Non-Veteran

Citizenship Status: U.S. Citizen Permanent Resident Alien Non-Permanent Resident Alien Seeking Citizenship

Were you born outside of the United States? Yes No

Highest Education Level Achieved: Less than 8th Grade Less than high school (No diploma/GED)

High School Diploma/GED Some Post Secondary 2-4 Years College Graduate Graduated other post-secondary

Health Insurance: *Check all that apply* Medicaid Medicare State Childrens Health Insurance State Health Insurance
for Adults Military Health Insurance Private Insurance Employer Provided Uninsured

Requested Loan Amount: _____

Purpose of the loan: _____

Household Type: Single person NO Children Two Adults NO Children Single Parent Two Parent Family

Non-Related Adults with Children Multigenerational Household Other

Adults living in your household: *Please provide the name and date of birth of each person **18+** living in your home.*

Children living in your household: *Please provide the name and date of birth of each person **18 and under** living in your home **50% of the time or greater.***

Do you currently own a vehicle registered in your name? Please Check Yes No

Applicant Current Income Information:

Employment Status: Full-Time Part-Time Migrant Seasonal Farm Worker Unemployed Retired

Name of Employer: _____ **Job Title:** _____

Start Date: _____ **End Date:** _____ *(if applicable)* **Salary/Wages:** _____

Pay Period: Weekly Bi-Weekly Monthly Bi-Monthly

Hours worked: _____ **Per:** *(Please check one)* Week Month

List previous two years employment (Name of employer & dates worked): _____

Other Monthly Income: *Please Check all that apply* TANF Social Security Income (SSI) Social Security Disability (SSDI)

VA Benefits Private Disability Insurance Worker’s Compensation Pension Child Support Alimony

Other: _____ **Total Amount of Other Income:** _____

Are you receiving public assistance: *Please Check* Yes No

Check the assistance you currently receive: SNAP WIC LIHEAP Housing Choice Voucher Public Housing

Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Subsidy

Other: *Please List* _____

Co-Applicant/Spouse Current Income Information:

Employment Status: Full-Time Part-Time Migrant Seasonal Farm Worker Unemployed Retired

Name of Employer: _____ **Job Title:** _____

Start Date: _____ **End Date:** _____ (if applicable) **Salary/Wages:** _____

Pay Period: Weekly Bi-Weekly Monthly Bi-Monthly

Hours worked: _____ **Per:** (Please check one) Week Month

List previous two years employment (Name of employer & dates worked): _____

Other Monthly Income: Please Check all that apply TANF Social Security Income (SSI) Social Security Disability (SSDI)

VA Benefits Private Disability Insurance Worker's Compensation Pension Child Support Alimony

Other: _____ **Total Amount of Other Income:** _____

Are you receiving public assistance: Please Check Yes No

Check the assistance you currently receive: SNAP WIC LIHEAP Housing Choice Voucher Public Housing

Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Subsidy

Other: Please List _____

Please List TWO references that may be contacted to provide information if necessary. At least ONE reference must be next of kin (Mother, Father, Sister, Brother, Child, etc.)

1. _____
Last Name First Name Relationship

Address Phone Number

2. _____
Last Name First Name Relationship

Address Phone Number

I certify the information on this form is true to the best of my knowledge. I may be asked to provide additional information related to this application. All information I provide will be kept confidential. I further authorize CAP Services to release or obtain information on my behalf and the behalf of my co-applicant/spouse regarding financial data, wage data, mode of living, credit history/worthiness and credit standing.

I authorize CAP Services to furnish such information and any other credit experience between myself and other creditors. If asked I will answer questions regarding my credit experience and other financial relationships. I understand this information will remain confidential and is not intended for use outside CAP Services. With submission of this application, I authorize CAP Services to obtain my credit report.

Applicant Signature

Date

Co-Applicant/Spouse Signature

Date

Cap Services, Inc. has a consumer complaint/grievance procedure available upon request. A consumer complaint/grievance procedure allows consumers an opportunity to submit their concerns or complaints to CAP Services, Inc. for prompt and adequate consideration. The procedure is an organized, fact- finding process designed to provide a timely and accurate appeal that allows for conflict resolution. The procedure also provides data collection for periodic review.

Regardless of outcome, you can apply for services at a later date.



Monthly Income:

Table with 2 columns: Description and Amount. Rows include Primary Applicant Paychecks, Other Income (Child Support, SSI, SSDI, Unemployment, etc.), Spouse/Co-Applicant Paychecks, and Total monthly income.

Monthly Expenses:

Table with 2 columns: Description and Amount. Rows include Rent/Mortgage, Home/Renters Insurance, Utilities, Internet/Wi-Fi, TV/Streaming, Phone, Other Housing Expenses, Groceries/Household Supplies, Transportation, Car Payment(s), Vehicle Insurance, Health Insurance, Childcare, Entertainment, Miscellaneous, Student Loan Payment(s), Credit Card Payment(s), Other Loan Payment(s), Collection/Judgement Payment(s), and Total Monthly Expenses.

Income - Expenses = Remaining Funds



Please read the program requirements below. By signing this agreement, you are agreeing to the terms and conditions of the program.

Program Overview:

- The Work-n-Wheels program is for income qualified individuals within CAP's service area who are employed at least 20 hours per week, meet income qualifications, and need transportation to and from work. Income qualification for Work-n-Wheels is based on Federal Poverty guidelines.
- The Affordable Auto program is for income eligible individuals and/or families within CAP's service area who may or may not be working, have transportation needs within CAP's service area, and have available household income to make monthly payments on an auto loan.
- Participants in the auto loan program need to meet income requirements to be eligible for the program. Eligibility will be determined by using paycheck stubs and/or tax returns to verify economic eligibility. Birth certificates, Social Security cards and Drivers Licenses from all household members may be required.
- If a Work-n-Wheels participant becomes unemployed while involved in the program it is the participant's responsibility to inform their CAP Services Coordinator of this change and to begin the search for employment immediately.
- Work-n-Wheels participants may not purchase or own a second vehicle without prior authorization from CAP Services. Authorization will be granted when the owner provides documentation which adequately assures the Client has the financial resources to own and maintain both vehicles.
- CAP's lending staff will perform a background check on all applicants. The use of the automated Circuit Court website (CCAP) will be reviewed.
- The applicant(s) gives CAP Services authorization to obtain a consumer credit report on the applicant(s) and may ask CAP Services to provide the name of the consumer reporting agency that furnished the report. If the loan is approved, CAP Services may obtain future consumer reports on the applicant(s), as the borrower(s), to use in reviewing the loan.
- Applicants denied for any reason must wait a minimum of 90 days before they are eligible to re-apply.
- If false information is found on the application the applicant and his/her household will be automatically deemed ineligible for CAP's auto lending programs.
- The Work-n-Wheels loans have a 5% closing fee that is due at closing. The Affordable Auto loans have a 1% closing fee that is due at closing. Additional costs due at closing may include tax, title, licensing, service fees to the dealership, and any vehicle purchase amount that is over the amount of the CAP loan.
- CAP Services will be listed on the title as the lien holder and on the insurance as loss payee.
- Applicants are required to participate in a financial wellness program prior to purchasing a vehicle through the program.

Insurance Requirements:

- Participants are required to maintain full coverage insurance throughout the duration of CAP's auto loan with maximum deductible amounts of \$500.00 for Comprehensive and Collision. Failure to maintain required insurance will be a violation of the Auto loan Program Policy.

Use and Operation Regulations:

- Participants must have and maintain a valid Wisconsin Driver's License in good standing.
- Participants must not violate any laws, ordinance, or regulations while operating the vehicle.
- The vehicle shall not be altered or modified in any way without written authorization from CAP Services.
- Participants must notify their CAP Services Coordinator within 72 hours of damage that exceeds \$500.
- Work-n-Wheels clients are the only allowable drivers of the vehicle purchased through the Work-n-Wheels Program. Upon request of the client, CAP Services may authorize other individuals to drive the Work-n-Wheels vehicle.
- Participants may not sell, trade, lease, transfer, rent, borrow, or encumber the vehicle without prior written authorization from CAP Services.

Maintenance Records:

- Participants must follow the recommended vehicle maintenance checklist provided by CAP staff.
- CAP staff may request a copy of the maintenance records at any time. This information must be supplied within 24 hours of the request.

Participant Follow-up:

- CAP staff may have regular contact with auto loan program participants until the loan has been paid in full. This contact may be made either in person, by telephone or email.
- Work-n-Wheels participants may also be contacted 6, 18, and 30 months after the receipt of a vehicle for employment information. The participant agrees to provide all requested information in a timely manner. This information will include the employer’s name, the wages received and the number of hours per week working.

Payments:

- Payments are to be made to CAP Services by the agreed upon due date each month.
- If a check is returned to CAP for NSF there is a \$30.00 charge, and checks will no longer be accepted.
- If the payment is in the form of cash, payment must be delivered in person to a CAP Services office.
- Participants are responsible for contacting CAP staff if a payment is late and will be expected to develop a plan with CAP staff to make up missed payments and determine how the upcoming payments will be made.

Repossession/Surrendering:

- If a participant fails to repay the auto loan based on the terms of the loan agreement, the vehicle may become subject to repossession.
- If a participant is convicted of driving under the influence of drugs or alcohol or any other drinking and driving related conviction, the vehicle may become subject to repossession.
- If a Participant has three documented violations of the Program Policies, the client will surrender the vehicle to CAP staff.
- The Participant agrees to pay CAP for any cost and fees incurred by CAP in enforcing its right to the vehicle pursuant to this agreement and any other applicable law or regulation.
- Upon repossession, the Participant forfeits all funds paid to CAP and is not eligible for repayment and/or compensation of any type from CAP Services.

As a Participant of the Work-n-Wheels or Affordable Auto lending programs, I agree to the above policy. If I purchase a vehicle through CAP Services, I will sign an ownership agreement that includes the above policies. I understand that if I violate three policies I will be in default of my commitments and understand the vehicle is subject to repossession and I agree to willfully surrender the vehicle.

Applicant Signature: _____

Co-Applicant/Spouse Signature: _____