



Program Application

A. Are you eligible?

Wheels to Work assists eligible persons with the purchase of affordable used vehicles and financial assistance for repairs on currently owned vehicles, driving instruction, title and registration fees, and other transportation-related services. To qualify for assistance, applicants must meet the following requirements:

- Resident of Otsego County for 30 days minimum AND
- Currently employed 20 or more hours/week OR have a letter of hire confirming employment of 20 or more hours/week AND
- Meet one of the two income eligibility requirements (100% or 200% Federal Poverty Level):

Annual Income	Number of Persons in Family							
	1	2	3	4	5	6	7	8
125%	\$13,963	\$18,913	\$23,863	\$28,813	\$33,763	\$38,713	\$43,663	\$48,613
200%	\$22,340	\$30,260	\$38,180	\$46,100	\$54,020	\$61,940	\$69,860	\$77,780

AND

- Documented need for assistance AND
- For car purchases, driver's license does not have any points and must be clean of DUI, DWI, and DWAI for 7 years from the date of fines paid.

B. Tell us about yourself.

Please fill in the blanks for this entire section.

Applicant Name: _____

Mailing Address: _____

Home Address (if different from mailing): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Service Requested: ☐ Car Repairs ☐ Car Purchase ☐ Driving Instruction Fees ☐ DMV Fees ☐ Car Seat
☐ Bus Pas/Gas Card/Taxi Voucher ☐ Other: _____

Does anyone in your household own a vehicle? ☐ Yes ☐ No If Yes, please specify:

Make: _____ Model: _____ Year: _____ Current Mileage: _____

Is this vehicle in running condition? ☐ Yes ☐ No If No, please explain: _____

(A written estimate will be requested to confirm this information.)

Current occupation:

Job Title: _____ Hours per week: _____

Employer: _____

Work Address: _____

May we contact your employer for a reference? ☐ Yes ☐ No

If Yes, your supervisor's name and phone number: _____

What is the approximate distance from your residence to your work? _____ miles

Do you have a valid New York State Driver's License? ☐ Yes ☐ No

If Yes, License Number: _____ Expiration Date: _____

Do you have children? ☐ Yes ☐ No If Yes, list names and dates of birth:

First Name/Last Name: _____ Date of Birth: _____

First Name/Last Name: _____ Date of Birth: _____

First Name/Last Name: _____ Date of Birth: _____

First Name/Last Name: _____ Date of Birth: _____

First Name/Last Name: _____ Date of Birth: _____

What is the distance from your residence to your child care provider? _____ miles or ☐ N/A

Is public transportation available in your area? ☐ Yes ☐ No

If yes, do you use public transportation? ☐ Yes ☐ No

If public transportation is available but you don't use it, why not? _____

If public transportation is not available in your area, how do you get back and forth to work and to your child care provider (if applicable)? _____

What is the approximate distance from your residence to public transportation? ____ miles or ☐ N/A

Are other transportation options available to you (e.g., taxi, car pooling, walking, bicycling)? ☐ Yes ☐ No

If Yes, what are they? _____

Do you receive benefits under one or more of the following programs?

- ☐ Family Assistance/Safety Net ☐ Medicaid/Medicare ☐ Food Stamps ☐ HEAP
☐ Reduced/Free School Lunch ☐ SSI ☐ SSDI

Please list all sources of **gross income** including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member:

Type of Income	Payee (Who Receives?)	Amount	Frequency (weekly, monthly, etc.)

Please provide a brief statement explaining why you need our services and how it will help you obtain, maintain, and/or improve employment.

Are you working with any other programs at Opportunities for Otsego? ☐ Yes ☐ No

If yes, please specify: _____

Please check any topics about which you would like additional information:

- ☐ Healthy Pregnancy ☐ Heating Assistance/Weatherization ☐ Housing Assistance
☐ Child Development ☐ Child Care ☐ Employment
☐ Energy Conservation ☐ Home visiting programs ☐ Parenting Education
☐ Managing a Budget ☐ Violence Intervention Program ☐ Debt Management
☐ Nutrition ☐ Other _____

SIGNATURE OF APPLICANT

DATE

C. What happens next?

1. Return the application to:

- By mail: Wheels to Work Program Coordinator
 3 West Broadway
 Oneonta, NY 13820
- In person: Wheels to Work Program Coordinator
 10-20 Depew Street
 Oneonta, NY 13820
- By fax: 607.433.8336
- By e-mail: wheelstowork@ofoinc.org

2. Schedule an Interview:

All applicants for the Wheels to Work program are asked to complete an interview in person. An Employment Counselor will contact you to schedule an appointment. Please bring the following information with you:

- Proof of employment (4 most recent paystubs) or letter of hire
- Copy of your New York State Driver's License
- Social Security numbers, birth dates, and documented income information for all household members
- Information pertaining to household expenses for completion of a budget

For car purchases, we will request permission to check your driving record with the DMV. Clients must be clean of DUI, DWI, and DWAI for 7 years from the date of fines paid.

For car repairs, also bring the following:

- Copy of the title, registration, and insurance card for your vehicle
- Estimate of repair from a licensed motor vehicle repair shop