



SECOND CHANCES GARAGE, INC.

A nonprofit corporation providing second chances for cars and the people who need them.

Application Form

Please complete this form in its entirety and return with the proper signatures, payment and requested documents (see page 5) to Second Chances Garage, Inc., 528 N. Market St., Frederick, MD 21701.

Your name _____

Street _____ Apt. # _____

City, State, Zip _____

Previous address if at current address less than 1 year:

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Driver's License # _____

**MEMBERS OF HOUSEHOLD (including applicant)
Attach additional sheet if necessary.**

Name	Relationship	Date of Birth
1. _____	<u>Self</u>	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Are any of the children listed above in day care? Yes or No

Do any members of your family receive disability, child support, food stamps, temporary cash assistance or housing/utility assistance? Yes or No

If yes, please list name, service and amount:

EMPLOYMENT INFORMATION

Employer Name _____

Address _____

Name of Supervisor _____ Supervisor's Phone Number _____

Length of Employment _____ # of Hours per Week _____ Hourly Wage? _____

Position? _____ How are you currently getting to work? _____

PARTNER AGENCY INFORMATION

Please provide information for the Partner Agency that referred you to this program. *Include a detailed reference letter from the Partner Agency that outlines how long they have been working with you and why they believe you would be a great candidate to receive a vehicle.*

Partner Agency _____

Contact Name _____

Street _____

City, State, Zip _____

Work Phone _____ Email _____

TELL US YOUR STORY

Please tell us a little bit about your situation & how owning a car would benefit you and/or your family [attach additional page(s) if necessary]:

FINANCIAL INFORMATION

Approval for this program relies heavily the applicant having a written, working budget and living within their means. *A spending plan worksheet is attached (see page 4).* As we review your application, we will be looking for you to have enough extra income in your budget to support car ownership, about \$150-\$200 a month. You need to plan for the additional expenses of car insurance, gasoline, and maintenance/repairs AND saving to purchase another car in the future.

Your budget should list **all** sources of income per month and **all** expenses. We will be reviewing this budget with the applicant to determine that all income and expenses are listed.

DEBT

Are you currently using credit cards? Yes or No

Please list any outstanding credit card or loan balances or other outstanding debt, for example, unpaid medical expenses you owe.

	Balance	Min Payment	Interest Rate
Credit Card	\$ _____	\$ _____	_____ %
Credit Card	\$ _____	\$ _____	_____ %
Student Loans	\$ _____	\$ _____	_____ %
Other Loan	\$ _____	\$ _____	_____ %

BANK ACCOUNT BALANCES

Name & Address of Bank _____

Checking \$ _____ Savings \$ _____

If you don't have any bank accounts, where are paychecks, etc. deposited and how do you pay bills?

Acknowledgements: I acknowledge that information I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts may disqualify me from the program. I also acknowledge that I am insurable and drug free.

Applicant Signature Date

Case Manager Signature Date

Partner Agency Liaison Signature Date

Received by Second Chances Garage, Inc.

Staff Signature & Title Date

**SECOND CHANCES GARGE
Spending Plan Worksheet**

Please assist your client in completing this zero-dollar* budget. Be sure to list all income as net, after taxes, and thoroughly review the client's expenses, even those that appear to be minor. Those cups of coffee and packs of cigarettes add up!

MONTHLY INCOME - net, after taxes, take-home pay

Income 1 - employment	\$
Income 2 - child support	\$
Income 3 - social security	\$
Income 4 - other	\$
TOTAL NET INCOME	\$

* Zero-Dollar Budget
Net monthly income minus all expenses equals zero. Every dollar is accounted for. Please include anticipated expenses for gasoline, auto insurance and saving for auto maintenance & repairs.

MONTHLY EXPENSES

Charitable Giving	\$
Emergency Savings	\$
Rent/Housing Costs	\$
Renter's Insurance	\$
Electricity/Gas	\$
Water	\$
Entertainment/Cigarettes	\$
Cable/Satellite TV	\$
Cell Phone	\$
Internet	\$
Groceries	\$
Eating Out	\$
Household-Miscellaneous	\$
Clothing	\$
Personal Care	\$
Insurance (Medical- Dental)	\$
Tuition/School Expenses	\$
Bus/Cab Fare	\$
Vacation	\$
Child Support	\$
Credit Card Payments	\$
Car Insurance & Repairs & Gas	\$ 200.00
TOTAL EXPENSES	\$

MONTHLY NET INCOME \$ _____ minus ALL EXPENSES \$ _____ = \$ZERO

PARTNER AGENCY CHECKLIST

Please verify the following eligibility requirements with your client.

Applicant:

- Does not currently have a vehicle titled in their name (even if it is not running) and has not received a vehicle from SCG in the past
- Is an active participant or recent graduate of a program at the referring agency
- Is gainfully employed
- Is 25 years of age or older (may be 18 years of age or over if there is a dependent child in the household)
- Does not have outstanding auto insurance violations. SCG will run their driver's license number to make sure their license is clear. Insurance violations stop us from processing their registration.
- Has approximately \$150-\$200 a month of disposable income to pay for car insurance, gasoline, and maintenance expenses AND save to purchase another car in 2-3 years.
- Is drug-free and does not have any current or pending criminal charges. (Some previous criminal charges will disqualify the applicant.)
- Does not have active/pending traffic court cases, including those for DUI/DWI

Please include the following items with the signed application:

- Letter of referral from Partner Agency outlining how long the applicant has been involved in your program and why you believe they are a **great** candidate for the Low-Cost Vehicle Program.
- Copy of valid Maryland driver's license for all drivers in the household
- Copies of documentation to support income listed on application: paystubs for two months, paperwork to support receipt of food stamps, housing assistance, child support, etc.
- Copy of non-certified driving record
- Copy of their zero-dollar working budget that reflects the extra income necessary for vehicle ownership
- Money order or cashier's check for \$778.00 (\$500 program fee plus \$278.00 for title/taxes/registration)
If the applicant receives a truck, SUV or mini-van over a certain weight there will be an additional cost based on the gross vehicle weight. This will be paid at the time they receive the vehicle.