Vehicel Repair Program Process and Application

REPAIRING cars FOR NEIGHBORS

12527 Central Avenue NE, Suite 110
Blaine, MN 55434 (USPS mail box only)
(763) 717-7755
admin@carsforneighbors.org
CarsForNeighbors.org

Vehicle Repair Guidelines

- Anoka County resident
- Meet low income guidelines (outlined in Participant Survey)
- Valid MN driver's license with current Anoka County address (no exceptions)
- Proof of insurance (must name you as a driver and list your vehicle)
- Vehicle titled in your name
- Vehicle must be drivable (we cannot repair nonrunning vehicles, transmissions, engines, or other major repairs)
- No previous assistance from Cars for Neighbors or Free2Be

Verification Checklist

***Submit the completed application and below documentation via email* to admin@carsforneighbors.org, mail to Cars for Neighbors, 12527 Central Avenue NE, Box 110, Blaine, MN 55434, or drop off at Meineke Car Care Center, 13835 Johnson Street NE, Ham Lake.**

- ☐ Valid MN driver's license with current Anoka County address (we will accept DMV paperwork showing license application to current address)
- ☐ Proof of insurance (must name you as a driver and list your vehicle)
- ☐ Vehicle title (vehicle must be registered in your name)
- ☐ 3 months' worth of bank statements, check stubs, SSI deposits, child support, retirement income, unemployment, or Anoka County award letters to show consistency of income

Once you submit your application, you will have **30 DAYS** to supply the required documents. If after 30 days you have not supplied the required documents your request for service will be denied based on insufficient information and you will need to reapply.

Approval, Repair, and Other Details

- Once we receive your application and needed documentation, we will let you know if further information is needed. Eligibility is only determined after receipt of all required documentation.
- If you are eligible, you will be sent an email to schedule an inspection with our partner repair shop.
- Once we receive the estimate for repairs, we work with the repair shop to determine the most critical safety repairs that need to be completed and what we are able to repair within our grant allotments.
- You will receive another email with instructions to set up an appointment for repair.
- ***Important: In order to provide more services and repairs, we DO NOT provide warranties to labor or parts, including tires. Our repair program does not charge you, the client, for repairs and therefore, we do not provide warranties with this free service.***
- We LOVE to hear from our clients! Let us know how this repair has helped you or made a difference in your life.

Questions? Call (763) 717-7755 or email admin@carsforneighbors.org.

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Restoring Hope ONE Car Repair At A Time

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CAR REPAIR ASSISTANCE APPLICATION

CONTACT INFORMATION

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Other Contact Info: _____

HOUSEHOLD INFORMATION

List ALL of the people who live at your residence below:

NAME	DATE OF BIRTH	RELATIONSHIP	DRIVER'S LICENSE #
		SELF	

Type of Housing: ❒ OWN ❒ RENT ❒SHELTER ❒ HOMELESS ❒ OTHER _____

DEMOGRAPHICS

Marital Status: ❒ SINGLE ❒ MARRIED ❒WIDOWED ❒ DIVORCED ❒ SEPARATED

1st Language: _____ 2nd Language: _____

Please list Employment Information Below:

NAME OF EMPLOYER	HOURS PER WEEK	HOURLY WAGE	START DATE

List other sources of income for ENTIRE household including any financial assistance below:

NAME	SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN

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VEHICLE INFORMATION

Is vehicle driveable: ❒ YES ❒ NO

Describe the vehicle problem: _____

_____

_____

_____

_____

Vehicle needing service:

Year	Make	Model	Mileage	Amount Owed

HOW WILL THIS SERVICE HELP YOU? (Optional)

Please explain how our Car Repair Transportation Assistance Program will help you in your current situation. This is so we have a better understanding of your needs and how the program can better your life. Your statement WILL NOT be used for qualification. We may contact you at a future date to follow up on this statement.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE

My signature acknowledges that I understand there are **no warranties on parts or labor** and that the information provided is correct, true and complete.

Applicant Signature: _____ Date: _____

PARTICIPANT SURVEY – Effective 06/15/2024

Please complete the entire form and supply the requested information or circle the correct item as it applies to you.
See attached HUD Definitions for clarification of terms: Female Head of Household, Senior, Severely Disabled and Youth.

Participant Name: _____ **Total Number in Household**: _____
(Please Print)

Please circle the appropriate selection:

Sex: Female Male

Age: 18 and under (youth) 19-30 31-61 62 or older (senior)

Hispanic: Yes No

Circle one:

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

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.)

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, Circle the amount listed to the right of the "family size" column that includes your total household income.

Family Size	**Income Categories** (2023 Median Family Income)			
	Extremely Low (30%)	**Very Low (50%)**	**Low (80%)**	**Over Income**
1 →	$ 26,100 or below	$26,101 thru $43,500	$43,501 thru $68,500	$68,501 or above
2 →	$29,800 or below	$29,801 thru $49,700	$49,701 thru $78,250	$78,251 or above
3 →	$33,550 or below	$33,551 thru $55,900	$55,901 thru $88,050	$88,051 or above
4 →	$37,250 or below	$37,251 thru $62,100	$62,101 thru $97,850	$97,851 or above
5 →	$40,250 or below	$40,251 thru $67,100	$67,101 thru $105,650	$105,651 or above
6 →	$43,250 or below	$43,251 thru $72,050	$72,051 thru $113,450	$113,451 or above
7 →	$46,200 or below	$46,201 thru $77,050	$77,051 thru $121,300	$121,301 or above
8 →	$49,200 or below	$49,201 thru $82,000	$82,001 thru $129,100	$129,101 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 (_____ / Anoka County) to verify the information provided if necessary.
Agency Name

_____ _____
Signature of Participant Date

All information you provide about you and your family household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only as it is required for the administration and management of this program.

Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

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 17 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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PERMISSION TO VERIFY APPLICATION AND AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

1, _____, permit Cars For Neighbors to share and verify the information provided to determine benefits I may be eligible for. The following agencies may receive and exchange information to qualify me for the Car Repair Transportation Assistance Program:

- Anoka County Community Action Program (ACCAP)
- Anoka County Community Governmental Relations Department
- Anoka County Income Maintenance Department
- Anoka County Job Training Center
- Community Education Assistance Program (CEAP)
- Your Employer
- Car Insurance Company
- Car Repair Shop
- Auto Dealer
- BridgeLink
- Other _____

This data is private. Cars For Neighbors can only give this information if they have my permission in writing. They may give data without my permission is otherwise provided by state or federal law. I understand that I have the right to refuse release of this data. If I refuse, Cars For Neighbors may be unable to assist me. Cars For Neighbors verifies that the information provided on the application is correct, true and complete with information through exchange of information with Anoka County agencies. Cars For Neighbors is not responsible for disclosure of the information or resulting damages in the event of a cyber-attack or data security breach. Cars For Neighbors will verify that you own the vehicle; verification will be done using DMV vehicle ownership information.

I hereby authorize Cars For Neighbors to release and exchange information pertaining to my application 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 car repair services. This permission is good for one (1) year from the date I sign it.

APPLICANT SIGNATURE AUTHORIZING RELEASE OF INFORMATION:

Applicant Signature: _____ Date: _____

Warning: Section 1001 of Title 18 if U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.