



CAR REPAIR REQUEST

Please *KEEP THIS PAGE* for your records.

CAR REPAIR GUIDELINES:

- **MUST BE A RESIDENT OF ANOKA COUNTY MN**
- Age 21 or older
- Must have income in the very low to moderate income range listed on the application
- Must have a valid driver's license that shows current address
- Must have car insurance
- Vehicle must be registered in your name
- No previous assistance from Cars for Neighbors or Free to Be, Inc.
- We are **NOT** able to assist with non-running vehicles, transmissions, engines and other major repairs

HOW TO APPLY:

To qualify you must fill out the entire application and send it via email or in the mail. We will contact you once it has been reviewed. Applications for service will be denied if we are provided with insufficient information. **The address listed here is our mailing address, not our office location.**

Cars for Neighbors
12527 Central Ave NE, Suite 110
Blaine, MN 55434

Email: info@carsforneighbors.org

Phone: 763.717.7755

NOTE: After an inspection is done on your vehicle by our designated repair shop, Cars for Neighbors will be provided with an estimate. We make the final decision on if your car is deemed repairable. Once your repair is approved, you will have **7 DAYS** to have your vehicle repaired. After 7 days, if you have not had repairs completed your application will be considered inactive and you will need to reapply.



CAR REPAIR ASSISTANCE APPLICATION

CONTACT INFORMATION:

Name (print): _____

Address: _____

City, ST, 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	DRIVERS 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

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

I _____, 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 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 Emergency Assistance Programs (CEAP)
- My 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 if 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 year from the date I sign it.

Applicant signature authorizing release: _____ **Date:** _____

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.