

GUIDELINES FOR ACCEPTANCE IN

RESPONSIBLE RIDES PROGRAM

CARS SELECTED FOR RELIABILITY, MILEAGE, AND AFFORDABILITY FROM ENTERPRISE FLEET LIST.

1. To obtain financing with Freedom First, an equal opportunity lender, restrictions do apply. Please contact Director, Donna Stevens 540-580-6588 for details.
2. Must have a phone.
3. Be within *300% of poverty level on chart or less. EFFECTIVE 11-1-10

Family Size	300%	
	Annual	Monthly
1	\$32,490	\$2,709
2	\$43,710	\$3,642
3	\$54,930	\$4,578
4	\$66,150	\$5,514
Each Additional	\$11,220	\$ 936

- 300% of the Federal Poverty Limit has been set to represent the livable wage in the Responsible Rides Program area.
4. Proof of Income and/or Award Letter. (Copy of Paystub with Application)
 5. Time on job of at least 3 months.
 6. Must provide 2 months bank statements. (Turn in Copies with Application)
 7. Drivers License. (Provide DL Number on Application)
 8. References (at least two).
 9. Must be able to pass drug screening test.
 10. Agree to attend free financial (approx. 3 hr.) and maintenance (approx. 2 hr) classes.
 11. Maintain payment of loan balance.
 12. Must be insurable. (MUST HAVE GOOD DRIVING RECORD)

FINAL DECISION IS SUBJECT TO MEETING ALL ELIGIBILITY REQUIREMENTS.

The following is a list of forms that will need to be completed by the Auto Program Director and the prospective participant in the Responsible Rides program.

Please complete the entire packet before forwarding to the Outreach Coordinator at Freedom First Credit Union.

Responsible Rides Pre-Qualification Documents to be completed:

- Pre-Qualification Worksheet**
 - Including Paycheck Stubs

- Disclosure & Authorization to Share Personal Information Sheet**

- Freedom First Insurance Quote Sheet**

Please provide the following information and sign as indicated. Please FAX to the number below or return to the Operations Center, C/O Outreach Coordinator

APPLICANT *(Please Print)*

First Name		Middle Initial	Last Name		
Social Security # (000-00-0000)		Birth Date (mm/dd/yyyy)			
Street Address		City	State	Zipcode	Lived Here Since
Email Address		Home Phone # (000-000-0000)		Cell Phone # (000-000-0000)	
Current Employer		Employer's Phone # (000-000-0000)	Employed Since (mm/dd/yyyy)	Gross Monthly Salary	\$
Do You Currently Rent or Own:	Rent	Own	What is your current monthly payment for housing?	\$	

CO-APPLICANT *(Please Print)*

First Name		Middle Initial	Last Name		
Social Security # (000-00-0000)		Birth Date (mm/dd/yyyy)			
Street Address		City	State	Zipcode	Lived Here Since
Email Address		Home Phone # (000-000-0000)		Cell Phone # (000-000-0000)	
Current Employer		Employer's Phone # (000-000-0000)	Employed Since (mm/dd/yyyy)	Gross Monthly Salary	

AUTHORIZATION TO REQUEST A CREDIT REPORT

I/We hereby authorize Freedom First Credit Union to obtain a credit report in connection with the Responsible Rides Program.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Credit Pre-Qualification Guidelines

The guidelines for applicants in the pre-qualification process are as follows:

Please attach a paycheck stub
or proof of consistent income
over the last 90 days

- There must have been no Bankruptcies filed for in the last 12 months
- No total unpaid collections, exceeding \$ 1,500 (excluding medical collections)
- There must be documentation on all unpaid collections, regardless of the amount
- No more than 2 times 30 days late payments on mortgage in the past year, or 1 times 60 days late in the past year.
- Applicant must have 90 days consistent employment at time of application (not necessarily at the same job)



FreedomFirst

Credit Union

Responsible Rides Pre-Qualification Worksheet (Pg.2)

Please share with us any additional information that would help us in determining your eligibility for financing as part of this program: *(please use additional sheets if necessary)*



Responsible Rides

Disclosure & Authorization to Share Personal Information

Please sign the following agreement and return as part of the Pre-Qualification packet to the Freedom First Operations Center, C/O Outreach Coordinator

Disclosure & Authorization to Share Personal Information

Freedom First Credit Union will use your personal information to process requests for financing in connection with the Responsible Rides program.

It is possible that Freedom First Credit Union will share information collected in this process with partner agencies also involved in the Responsible Rides program, namely:

- Total Action Against Poverty (TAP)
- New River Community Action (NRCA)
- Freedom First Insurance, LLC
- Enterprise Rent-A-Car

Freedom First Credit Union is committed to protecting the security of your personal information. We use a variety of security technologies and procedures to help protect your personal information from unauthorized access, use, or disclosure.

I understand that the different organizations involved in the Responsible Rides program provide different services and benefits. Each organization must have specific information in order to provide these services and benefits.

By signing this form I hereby consent to the sharing of information between the above mentioned program partners in order to allow them to work together effectively to provide and coordinate the services and benefits associated with my participation in the Responsible Rides program.

Applicant's Signature

Date

Freedom First Insurance

Full Name:		Date:		Time:		am/pm	
Street address:		Home Phone:					
City		Work Phone:					
County		Cell Phone:					
(must have zip code)							
Vehicle Information		S E X		Biz Us e		Miles one way to work	
Year/Make/Model/VIN		1) Driver's Name		Tickets and Accidents in the past 3yrs. (<i>dates & type</i>)		Major Cites in the past 5 yrs. DUI, Reckless, Susp. License, Drive W/O Ins.	
		2) Social Security #				Insurance claims in the past 3 yrs. What kind ? When ? \$ amount ?	
		3) Date of Birth					
		4) License Number * <i>*If Available</i>					
#1 Year: Make: Model:		1)					
VIN:		2)					
<input type="checkbox"/> Liability only / . Physical Damage Cov Odometer:		3)					
LIENHOLDER:		4)					
#2 Year: Make: Model:		1)					
VIN:		2)					
<input type="checkbox"/> Liability only / . Physical Damage Cov Odometer:		3)					
LIENHOLDER:		4)					
#3 Year: Make: Model:		1)					
VIN:		2)					
<input type="checkbox"/> Liability only / . Physical Damage Cov Odometer:		3)					
LIENHOLDER:		4)					

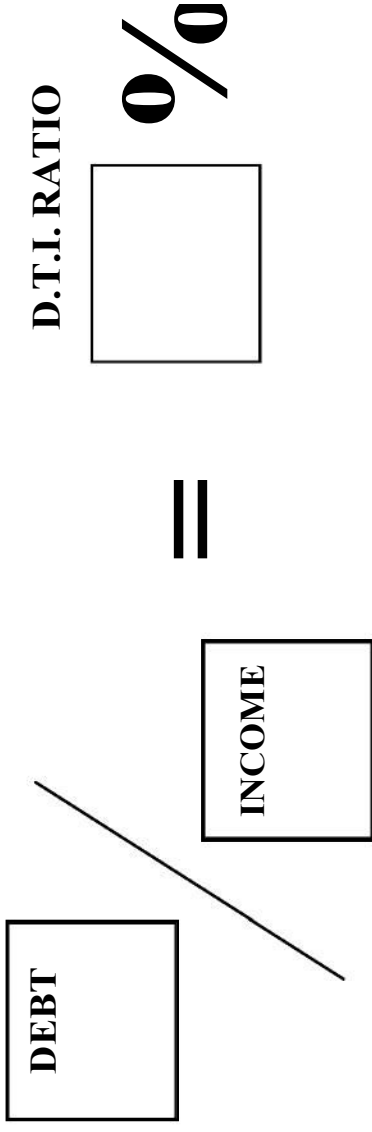
BI (per person/per occur/PD) /	Medical \$	Comp.(deduct) \$	Coll.(deduct) \$	Towing Y/N	Rental Cov Y/N	Other Coverages - Specify
Do you: <input type="checkbox"/> own home <input type="checkbox"/> rent house/apartment <input type="checkbox"/> other						
REMARKS:						
Are there any other persons living in your house of driving age? Y / N (if yes, get complete info)						
Have you had continuous insurance coverage for the last 6 months? Y / N Company _____ Renewal date _____						
How much are your premiums? \$ _____						

DEBT

The following monthly obligations will be considered as debt in the DTI calculation:

- Rent or monthly home mortgage payments
- All monthly Credit Card payments
- All monthly loan payments

Debt Description	Monthly Payment Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL \$	



INCOME

What is considered Income?

- Any other ongoing and continuous income stream with documentation (employment pay, SS Payments, pension, educational assistance, etc.....)

Income Description	Monthly Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL \$	

COMPENSATING FACTORS

What cannot be considered Income, but will be considered a compensating factor?

- TANF payments
- Over Time (OT) compensation from employment
- Medicare or Medicaid assistance
- Food stamps

Any temporary assistance from any other sources

Temporary Assistance Description	Monthly Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL \$	

TENANT INFORMATION:

Name of Tenant: _____

Address of Tenant: _____

LANDLORD

Address: _____

Phone: _____

: Tenant rented from: _____ to _____ Is account satisfactory? Yes No

Amount of Rent: \$ _____

No. of late payments past due 30 in the last 12 months:

Additional information which may be of assistance in determining credit worthiness:

Authorized Signature

Please print name: _____ Title: _____

Landlord Signature: _____ Date: _____

NEW RIVER COMMUNITY ACTION, INC./TAP

RESPONSIBLE RIDES LOAN APPLICATION

THE RESPONSIBLE RIDES PROGRAM

The Responsible Rides Program is designed to help low-income people own their own cars and to teach them how to maintain them.

ELIGIBILITY

The following criteria have been established:

- This program is for low-income individuals that fall at or below 200% of the Federal Poverty guidelines.
- Have income with repayment ability. Provide proof of income and debts.
- Must work, worship, live or be a student in Roanoke County, Botetourt County, Montgomery County, the City of Roanoke, the City of Salem, the City of Radford, and the Town of Vinton for at least 6 months and not transient or homeless.
- Valid Virginia Driver's license.
- Must be a United States Citizen, or a Resident Alien.
- Provide at least 2 complete references.
- Must provide 2 months bank statements.
- Must have a phone.
- 3 months on job.
- Must be able to pass drug screening test.
- Must have good driving record.

IF SELECTED, applicant(s) will be required to:

Attend a free financial education class (approx. 3 hrs)

Attend a free car maintenance class (approx. 2 hrs)

Maintain payment on loan, taxes, insurance, maintenance, etc.

NOTICE:

Your submitting this information does not guarantee you a car or a loan, this is an application.

Previous Address if Current is less than 3 years

City State Zip (How Long?)

Current Employer _____

Occupation _____ How Long? _____

Gross Monthly Income \$ _____

Previous Employer (If less than 3 years) _____

Other Income \$ _____

CO-APPLICANT

Address

City State Zip (How Long?)

County/City of _____

Social Security Number Date of Birth (Age)

Home Phone Work Phone

Cell Phone E-mail

REFERENCES: Nearest Relative/Minimum 2 (not living with applicant/co-applicant)

Name (Relationship)

Street Address

City State Zip

Telephone

Name (Relationship)

Street Address

City State Zip

Telephone

DEPENDENTS NAME _____

BIRTHDAY _____ SOC SEC # _____

Are you a veteran? _____

Who is your Health Insurance thru? _____

Are you a student? _____ Yes _____ No

Where? _____ Graduate When? _____

1. Can Drive Auto _____ Straight Transmission _____ Both _____
2. Does any other adult in home own a vehicle? _____ Yes _____ No
3. How long has applicant or co-applicant lived in NRV or Roanoke area? _____
4. Do applicant or co-applicant have children that must be transported to daycare? _____ Yes _____ No
5. How far do applicant/co-applicant travel to work? _____ miles
6. Has applicant/co-applicant had any substance abuse in the past year? _____ Yes _____ No
7. Have you ever filed for Bankruptcy? _____ Yes _____ No
8. Please provide any special vehicle needs: i.e. transporting children in car seats, or need wheelchair access.

HOW MANY PAYDAY LOANS HAVE YOU HAD IN THE PAST 6 MONTHS? _____

EMAIL ADDRESS: _____

Failure to provide all information requested can delay this application.

STATEMENT OF CONSENT:

I certify that the information provided by me is correct. I also understand that you will be checking with credit reporting agencies. I authorize a investigation of my credit and employment history and the release of information about my credit experience. I certify that I am eighteen years of age or older.

Signature

YOU MUST COMPLETE ALL FORMS.....

CONTACT INFORMATION

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Roanoke, Va 24011
Mailing address: PO Box 2868
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540-345-6781 ext. 4327
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