

Application for Assistance

SUMMARY:

The primary mission of SheCARE is to help women who are recovering from hardship by assisting them with the purchase of a reliable and safe vehicle to help them secure or maintain education, employment, childcare, and overall safety in their daily movements. SheCARE's level of assistance is determined by each applicant's personal application.

Eligibility

Anyone with internet access can apply, whether you are applying for a car for yourself or helping someone else apply. Applicants will receive a score based on their application and letters of support. You can expect to hear from SheCARE confirming the receipt of your application, which will stay valid for one year from submission. Applicants may reapply after a year if needed. You will be contacted personally if your application has been selected to receive a car or assistance with purchasing a car.

To apply for SheCARE assistance, please complete the application below. Please be sure to have these items ready to attach to this application:

- **Letter(s) of support** from one or more social service agency with whom you are currently engaged. Letters must be written on agency letterhead and signed by a caseworker, director or administrator who can verify 1) your need for the vehicle and 2) your ability to care for and use the car (place to park, plan for obtaining insurance, money for gas, access to car seats if needed, etc.).
- **Copy of a valid driver's license**
- **Proof of insurance**

Please note that applicants may be subject to a background check and social service agencies, employers, and personal references may be contacted by SheCARE to request more information.

Security / Privacy

An encryption process protects information during electronic transmission on the SheCARE website. A user identification/password ensures confidentiality once the application is received.

CONTACT INFORMATION:

Name:

Address (where you receive mail):

Phone:

Email:

What is the best way to contact you?

Call

Text

Email

PERSONAL INFO:

What is your date of birth? ____-____-____

What is your social security number? ____-____-____

How long have you lived at your current address? _____

What is your previous address(es), accounting for the last 5 years?

1.

2.

Describe your dependents (if any):

Name	Age	Relationship	Lives with you? Y or N

Who else lives in your household that is not listed above (note any special circumstances)?

Name	Age	Relationship	NOTE:

Do you receive Social Services? _____ If yes, what social service agencies do you currently receive? (eg SNAP, HUD, HeadStart, WIC, Medicaid, disability, or local agencies/shelters, etc.)

- 1.
- 2.
- 3.
- 4.

Have you ever been convicted of a crime? Y or N

If Yes, please describe charges and outcome of each situation.

Are you currently on parole? Y or N

INCOME & EXPENSES:

Please list **your own** sources of income. Make note of any fluctuation or special consideration of each income or expense listed:

Source of income (employer or social benefit)	Average amount earned per month	NOTE:

Please list **other household members'** income:

Household member	Source of income (employer or social benefit)	Average amount earned per month	NOTE:

Please list monthly living expenses:

Expense (e.g. rent, childcare, food, transportation, utilities)	Average cost per month	NOTE:

EMPLOYMENT (Please account for the last 5 years):

Current employer:

Date of hire:

Job title:

Salary or hourly rate:

Number of hours worked/week:

Past employer:

Date of hire: Date of termination:

Reason for leaving:

Job title:

Salary or hourly rate:

Number of hours worked/week:

Past employer:

Date of hire: Date of termination:

Reason for leaving:

Job title:

Salary or hourly rate:

Number of hours worked/week:

EDUCATION:

High School:

Graduated? Y or N

Year of graduation:

College or vocational program:

Graduated? Y or N

Year of graduation:

Other:

DESCRIPTION OF NEED:

Please answer the following questions:

What are your current methods of transportation?

Have you ever owned a car? Y or N

If Yes: What happened to that car?

If No: What barriers prevent you from owning a car?

Please list any traffic violations you have incurred:

What would a car help you to accomplish?

Why would you be the best candidate for a She Care car?

REFERENCES:

Please list 3 personal references.

Name	Mobile phone	Other contact information

ATTACHMENTS:

Please attach your letter(s) of support from one or more social service agencies

Please attach a copy of your driver's license and proof of insurance.