

# Door-Tran

Your Doorway  
to Mobility



## Program Description:

Door-Tran serves Door County residents with vehicle purchase or repair loans to meet their need for reliable transportation to employment. The Mobility Manager Assistant will help clients secure a 0% interest loan to repair or purchase a vehicle. Door-Tran provides up to \$3,000 for vehicle purchase loans and up to \$550 for repair loans. Repair loans are for six months and purchase loans up to 18 months. Clients must also be willing to register for the Wisconsin Ride Share program. Client's down payment is 30% of the total loan.

## Service Area:

Door County

## Eligibility:

Household income must be at or below 150% of Federal Poverty Level (see chart below) - Applicants must have a valid WI driver's license - Must have no driving while intoxicated violations within last 24 months - Must demonstrate the ability to make monthly loan payments - Must be 18 years of age or older - Must be employed, working at least 20 hours per week for at least 30 days prior to application. A V-8 vehicle will not be considered.

Household Size	Gross Household Monthly Income	Gross Household 3 Month Income	Gross Household Yearly Income	Household Size	Gross Household Monthly Income	Gross Household 3 Month Income	Gross Household Yearly Income
1	\$1,365.75	\$4,097.25	\$16,389.00	6	\$3,795.75	\$11,387.25	\$45,549.00
2	\$1,851.75	\$5,555.25	\$22,221.00	7	\$4,281.75	\$12,845.25	\$51,381.00
3	\$2,337.75	\$7,013.25	\$28,053.00	8	\$4,767.75	\$14,303.25	\$57,213.00
4	\$2,823.75	\$8,471.25	\$33,885.00	9	\$5,253.75	\$15,761.25	\$63,045.00
5	\$3,309.75	\$9,929.25	\$39,717.00	10	\$5,739.75	\$17,219.25	\$68,877.00

*\*\*Income levels updated 2/2018\*\**

## Contact Info:

Nikki Voight, Mobility Manager Assistant  
Door-Tran  
1009 Egg Harbor Road  
PO Box 181  
Sturgeon Bay, WI 54235  
(920) 743-9999

1009 Egg Harbor Rd, PO Box 181 · Sturgeon Bay, WI 54235-0181 · 920.743.9999 · 877.330.6333  
[www.door-tran.com](http://www.door-tran.com) · [info@door-tran.com](mailto:info@door-tran.com)



## **Door-Tran Application Instructions**

**(Missing information or incomplete applications will be denied)**

Complete the following:

- *Vehicle Loan Program Application* form
- *Consent for Release of Confidential Information* form
- *Program Rules* form (initialed and signed)
- *Basic Spending Plan* worksheet
- *Liability Waiver & Release Form* and *Consent Form*
- *Wisconsin Rideshare* form
- Submit the following with completed forms:
  - ✓ Copies of income verification for all household income for the past 3 months. Income includes employment, social security benefits, child support, etc. This can be paycheck, unemployment or social security stubs, bank statements or a combination of all.
  - ✓ Social Security Card or state tax form with Social Security number verification for all household members.
  - ✓ Copy of a valid Wisconsin driver's license for all licensed household members.
  - ✓ Copy of car title or registration for all vehicles owned in household.
  - ✓ Proof of address/residency in Door County.
  - ✓ If requesting assistance with car repair – 2 written estimates from a licensed garage are needed. If current vehicle is not worth repair – this must be verified by an estimate.
  - ✓ Other: \_\_\_\_\_

If you have any questions about the form please contact Nikki Voight, Mobility Manager Assistant, at (920) 743-9999.

*This program is funded in part by the Federal Transit Administration (FTA) as authorized under 49 U.S.C. § 5311 Formula Grants of Other than Urbanized areas (5311) (CFDA 20.509)*

**Door-Tran**  
**VEHICLE LOAN PROGRAM APPLICATION**  
*This application expires 90 days from date of application.*

Client Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Sex:  Male  Female Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Additional Contact #'s: \_\_\_\_\_  
 Emergency Contact Name & Phone Number: \_\_\_\_\_

U.S. Citizen:  Yes  No Door County Resident:  Yes  No  
 Are you the parent of a child under the age of 18?  Yes  No - Does your child live with you?  Yes  No  
 Please check each of the following items you are currently enrolled in:  Badgercare  
 Childcare Assistance  FoodShare  Heating Assistance  Housing Assistance  Medical Assistance  W-2  WIC

**Family Income: list all family members income**

Employment Income (Including Self-Employment) *Do not include income from members under 18.*

Family Member	Employer	Monthly Gross Income	Weekly Hours	Current Hourly Wage
		\$		
		\$		
<b>Total 3 mo Income:</b>		\$		

Unearned Income (*such as child support, SSI/SSDI, inheritance, retirement, interest, grants, charity*)

Family Member	Source	Amount per Month
		\$
		\$

**Basic Family Information**

List all family members who live with you, providing the following information

Names	Birth Date	Relationship to Applicant	SSN	Ethnicity

**Vehicles Owned**

Year	Make	Model	Mileage	Plate	Color	VIN

I understand the questions and statements on this application form and understand the penalties for giving false information. I certify, under penalty of law that my answers are correct and complete to the best of my knowledge, including information about each household member and agree to provide documentation. I understand that Door-Tran may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.

Signature of Primary Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Door-Tran**  
**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**  
For All Programs

I, \_\_\_\_\_, authorize the verbal and written exchange of file information among the following agencies: Door-Tran staff and volunteers, County of Door to include all departments, Forward Service Corporation, Wisconsin Department of Transportation, Door County Sherriff's Department, Sturgeon Bay Police Department, MTM/NEMT State Contractor, Door 2 Door Rides/Abby Vans, Sunshine House Inc., Veterans Administration Clinic Staff, United Way of Door County, Inc., and funding partners as applicable. Based on program(s) being used, release may also authorize communication with private taxi providers as well as fuel station vendors, vehicle purchase or repair vendors to include private party sellers, and agencies who contribute funding on your behalf and:

---

If applicable, I hereby authorize the release, of my employment search and any employment-related information from past &/or present employer(s) to Door-Tran. I authorize my past/present employer(s) to allow Door-Tran representatives to review my employee records in regard to, but not limited to, employment dates, wages, benefits, and reasons for leaving.

Such information may be used for the purpose of verifying income, if needed or fulfilling the vehicle loan program requirements with Door-Tran. Exceptions to this release are as follows:

---

I understand that my records are protected under the Family Rights of Privacy Act, Federal and specific state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that; in any event, this consent expires automatically as listed below.

This release expires one (1) year from the date of my exit from the program.

I understand that I have the right to inspect and receive a copy of the information provided by this release. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. I hereby release said agencies from all liability of any kind for issuing this information.

***A photocopy of this consent is as valid as the original.***

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Spouse (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness (Door-Tran Representative)*

\_\_\_\_\_  
*Parent or Guardian (if client is under the age of 18)*



## Vehicle Loan Program Overview/Rules

- 1. Program Overview** Intl. \_\_\_\_\_
  - *Funding is provided by the Wisconsin Department of Transportation and distributed on a first come first served basis.*
  
- 2. Program Eligibility** Intl. \_\_\_\_\_
  - *Clients need to meet eligibility requirements listed on the 1<sup>st</sup> page of application packet.*
  - *If a client becomes unemployed during the duration of a loan, they must inform the Mobility Manager Assistant and begin employment search immediately.*
  - *Clients may only own one vehicle per working household member.*
  - *V8 engines equipped vehicles are not eligible for service through this program.*
  
- 3. Background Checks** Intl. \_\_\_\_\_
  - *The Circuit Court website will be used to verify no DWI/OWI in the last 24 months.*
  - *If false information is found on the application it will be deemed ineligible.*
  
- 4. Loan Process** Intl. \_\_\_\_\_
  - *0% interest loans are scheduled to be repaid in no more than 18 months for purchase loans and six months for repair loans.*
  - *The maximum amount for a purchase loan is no more than \$3,000 and for a repair loan no more than \$550.*
  - *The client may be required to pay a 5% administration fee and GPS installation fees. Taxes, title transfer and license fees are the responsibility of the client. Proof of insurance must be provided before the loan is granted.*
  - *Door-Tran will be listed on the title as the lien holder.*
  - *The client is required to complete a budget as part of the application process. The budget will be reviewed by the Mobility Manager Assistant and used to determine if the applicant has the financial ability to pay loan payments and insurance. Your actual out of pocket expenses is requested. Clients will be required to identify a co-signer if their debt to income ratio is unacceptable.*
  
- 5. Required Insurance** Intl. \_\_\_\_\_
  - *Clients are required to obtain and maintain the Wisconsin law minimum for liability coverage (25/50/10) and uninsured and underinsured motorist coverage (100/300) throughout the duration of the loan program participation. Failure to maintain required insurance will be a violation to the Loan Agreement.*
  
- 6. GPS Device** Intl. \_\_\_\_\_
  - *A GPS Tracking Device will be installed on all purchase and repair loan vehicles, unless authorized by the Mobility Manager Assistant.*
  - *The installation and removal costs of the GPS will be paid by the client.*
  - *The GPS device will allow the Mobility Manager Assistant to disable the starter for the following:*
    - *The loan payment is 10 days overdue*
    - *An insurance policy has been discontinued on vehicle*



- A client is convicted of driving under the influence (DWI) or any other drinking and driving related conviction
- Loss of Wisconsin driver's license.
- Client will receive a lien release or title, whichever the Mobility Manager Assistant received, when GPS device is returned to the Program.
- Any tampering or removal of the GPS unit prior to final loan payment without written consent from the Mobility Manager Assistant will allow for repossession of the vehicle.

**7. Maintenance Records** - Intl. \_\_\_\_\_

- Clients must follow the recommended vehicle maintenance checklist.
- The Mobility Manager Assistant may request a copy of the maintenance records at any time. This information must be supplied within 48 hours of the request.
- Clients may not sell, trade, lease, transfer, rent, borrow, or encumber the vehicle without prior written authorization from the Mobility Manager Assistant.

**8. Client Follow-Up** Intl. \_\_\_\_\_

- Monthly contacts will be made until the loan has been paid in full. Contact may be made in person, by telephone, or mail. Clients must return telephone calls within 48 hours.
- The client must verify employment every month along with loan payment and agree to provide all requested information in a timely manner. Information will include employers name, wages, and number of hours per week working.

**9. Payments** Intl. \_\_\_\_\_

- Payments are to be made to Door-Tran.
- If the payment is mailed, it must be in the form of a check or money order.
- Personal checks will be accepted, however if the check is returned for non-sufficient funds, a \$35 charge will be made and checks will no longer be accepted.
- Clients must contact the Mobility Manager Assistant if a payment will be late.

**10. Repossession/Surrendering a Vehicle** Intl. \_\_\_\_\_

- If a client is convicted of driving under the influence (DWI) or loses driver's license the vehicle is subject to immediate repossession.
- If a client has any violations of the policies, the client will surrender the vehicle.
  - Client agrees to pay Door-Tran for any cost and fees incurred to enforce its right to the vehicle pursuant to this agreement and any other applicable law or regulation.
  - Upon repossession, the client forfeits all funds paid to Door-Tran and is not eligible for repayment and/or compensation of any type.

I have read and agree to the program policies. I understand that if I violate any of these policies I will be subject to starter disablement and/or repossession and I agree to willfully surrender the vehicle.

\_\_\_\_\_  
Client (Date)

\_\_\_\_\_  
Spouse (if applicable) (Date) Mobility Manager Assistant (Date)





FEELIN' BETTER ALREADY!

# WISCONSIN RIDESHARE REGISTRATION

Wisconsin Department of Transportation  
DT1200 6/2011



## Please complete, print and mail or fax to:

Wisconsin Rideshare  
PO Box 798  
Waukesha, WI 53187-0798

E-mail: karen.schmiechen@dot.wi.gov  
Phone: (262) 521-5454  
Fax: (262) 521-4425

## Name / Origin

Last Name	First Name	Home Address*	Apartment Number
City	County	State	ZIP Code

*If trip origin is different from home address, complete below*

Origin Address (If Different from Home)	Apartment Number	City	State	ZIP Code
---	------------------	------	-------	----------

## Destination

Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer / School	Address	Suite / Department
City	County	State	ZIP Code

## Work / School Hours

Start Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes of Flexibility	End Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Minutes of Flexibility
---	------------------------	---	------------------------

## Profile Preferences

Current Transportation Mode For This Trip <input type="checkbox"/> Drive Alone <input type="checkbox"/> Carpool <input type="checkbox"/> Vanpool <input type="checkbox"/> Transit <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk			I Have a Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Match Only With Same Gender <input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Avoid Smokers When Matching <input type="checkbox"/> Yes <input type="checkbox"/> No
Carpool Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Interested as <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Either		
Vanpool Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Interested as <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Either		
Bike Buddy Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bicycle Skill Level <input type="checkbox"/> Novice <input type="checkbox"/> Experienced	Prefer to Be Matched With <input type="checkbox"/> Novice <input type="checkbox"/> Experienced <input type="checkbox"/> Either	

## Contact Information *Please provide at least two contacts. An e-mail is required for online contact.*

Area Code / Home Telephone Number* ( ) -	Area Code / Cell Telephone Number ( ) -
Area Code / Work or School Telephone Number / Extension ( ) - Extension	E-mail
The Wisconsin Rideshare program allows potential partners to contact each other via text messaging. Users must agree to receive text messages, be responsible for text message charges, provide a cell phone number and identify a service provider so that messages can be properly routed.	Permission to Send / Receive Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Cell Phone Provider*
How Did You Hear About This Program?	Additional Information or Comments

\*Home address, home telephone and cell phone provider are used for internal purposes and will not appear on matchlists.

Thank you for your interest in the **Wisconsin Rideshare** program.

Matchlists will be mailed or e-mailed if an e-mail address is provided.

If you have Internet access, you may check for new matches at anytime through [www.rideshare.wi.gov](http://www.rideshare.wi.gov).



## Consent Form

*(Electronic Storage and/or Electronic Transmission)*

I, [PLEASE PRINT NAME] \_\_\_\_\_, give Door-Tran as well as its employees and programs consent to perform the following actions; and I am voluntarily providing the following information or allowing the release of the following information for the purpose of receiving program benefits and/or services (*check all that apply*):

- Store an electronic copy of program relevant material necessary for receiving program benefits and/or services;
- Electronically transmit a copy of program relevant material necessary for receiving program benefits and/or services;
- Electronically transmit other documents containing personal identifying information.

I give this consent knowing and understanding that the information electronically stored and/or transmitted may contain my following personal identifying information:

- Place of birth
- Date of birth
- Social Security Number
- Biometric information
- Medical/Disability information
- Personal financial information
- Credit card or purchase card account numbers
- Passport numbers
- Potentially sensitive employment information
- Criminal history

**I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO WITHDRAW THIS WRITTEN CONSENT AT ANY TIME AFTER SIGNING THIS FORM BY PROVIDING DOOR-TRAN WITH WRITTEN NOTICE THAT I AM WITHDRAWING MY CONSENT RELATIVE TO ELECTRONIC STORAGE AND/OR ELECTRONIC TRANSMISSION OF PERSONAL IDENTIFYING INFORMATION.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(parent or legal guardian if a minor)*



## Liability Waiver & Release Form (Electronic Storage and/or Electronic Transmission)

I, [PLEASE PRINT NAME] \_\_\_\_\_, hereby release and discharge Door-Tran and all of its officers, directors, agents, employees, independent contractors, subsidiaries, assigns, parent companies, beneficiaries, attorneys, programs and insurers from all actions, causes of action, damages, claims and demands, of any kind and character, I may have or hereinafter have, or my spouse, children, parents, heirs, administrators, successors, assigns, trusts or beneficiaries may have or hereinafter have against any of them resulting from any accident or incident of any nature, howsoever caused, and regardless of responsibility or liability for negligence, active or passive, arising from the electronic storage and or electronic transmission of my personal identifying information, either sensitive or non-sensitive.

Electronic storage includes but is not limited to my personal identifying information that is electronically stored using the following methods: manual entry, scanning or download to server, hard drive, flash drive, compact disc or floppy disc; or any other current or future method of electronically storing information for archival purposes or retrieval at a later date.

Electronic transmission includes but is not limited to any form of transmission over telephone or cable lines, radio or television waves, or any other current or future electronic media through electronic equipment which shall include but not be limited to facsimile (FAX) machine; electronic mail (e-mail); telephone; internet video (webcam); Internet based fill form; application; or other input site; or any other current or future electronic equipment necessary for the transmission of information.

My personal identifying information includes:

- Place of birth
- Date of birth
- Social Security Number
- Biometric information
- Medical/Disability information
- Personal financial information
- Credit card or purchase card account numbers
- Passport numbers
- Potentially sensitive employment information
- Criminal history

**I HAVE CAREFULLY READ AND UNDERSTAND THIS LIABILITY WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE THE RIGHT TO ASK QUESTIONS AND CONSULT WITH AN ATTORNEY REGARDING THIS LIABILITY WAIVER AND RELEASE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(parent or legal guardian if a minor)*