



Vehicle Repair & Purchase Loan Program Application

Program Description:

Door-Tran serves Door County residents with vehicle purchase or repair loans to meet their need for reliable transportation to employment. The Program Manager will help clients secure a no interest loan to repair or purchase a vehicle. Door-Tran provides up to \$5,000 for vehicle purchase loans and up to \$750 for repair loans. Repair loans are for up to a year and purchase loans up to 24 months. Clients must also be willing to register for the Wisconsin Ride Share program. Client's down payment is 20% 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 or operating while intoxicated or driving or operating under the influence 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 or 80 hours per month for at least 30 days prior to application, have a written offer of minimum employment requirements or are working with an agency who can verify your status. A V-8 vehicle may be considered under the repair loan program.

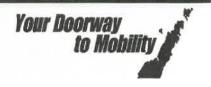
Household Size	Net Household Monthly Income	Net Household 3 Month Income	Net Household Yearly Income	Household Size	Net Household Monthly Income	Net Household 3 Month Income	Net Household Yearly Income
1	\$1,822.50	\$5,467.50	\$21,870.00	6	\$5,035.01	\$15,105.03	\$60,420.12
2	\$2,465.50	\$7,396.50	\$29,586.00	7	\$5,677.50	\$17,032.50	\$68,130.00
3	\$3,107.51	\$9,322.53	\$37,290.12	8	\$6,320.00	\$18,960.00	\$75,840.00
4	\$3,750.00	\$11,250.00	\$45,000.00	9	\$6,962.51	\$20,887.53	\$83,550.12
5	\$4,392.50	\$13,177.50	\$52,710.00	10	\$7,605.00	\$22,815.00	\$91,260.00

***Updated 02/2023**

Contact Info:

Program Manager Door-Tran 1009 Egg Harbor Road Sturgeon Bay, WI 54235 (920) 743-9999





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
- Wisconsin Rideshare form
- Liability Waiver & Release Form and Consent 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, blood-related or marriage.
 - ✓ 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.	

	\checkmark	Other	:							
				-	 -	 	 		 	

If you have any questions about the form, please contact the Program Manager 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.

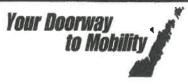
Client Name:			So	cial Securi	ty Nun	nbe	r:		
☐ Male ☐ Female ☐ Other Date of				Birth: Marital Status:					
Address:		City/State: Phone #: Additional Contact #'s:							
Mailing Address (if different	from above):		Phone #:					
Email Address:		,		Addition	nal Con	itac	t #'s:		
Emergency Conta	ct Name 8	Phone Numb	er:						
U.S. Citizen: □ Y	'es □ No	Are you	the par	ent of a cl	nild und	der	the age of	f 18?	□Yes □ No
Door County Resi									☐ Yes ☐ No
Please check each					•			•	
☐ Childcare Assis									
□ WIC □ W-2				ig Assista	iicc i	_ '	lousing As	Sista	TICC
		mily Income	· list all	family m	amhe	rc	income		
Employm	ent Income	(Including Self-E	mplovmer	nt) <i>Do not in</i>	nclude in	con	ne from men	nhers	under 18.
Family Member				y Net			ly Hours		Current Hourly
Taning Trained		,	Income	•			,		Wage
			\$						
			\$					-	
	Total 2	ma Tracerra							
Lingurnod		mo Income: ch as child suppo		'DI inharita	nco roti	ram	ant interact	aran	to charity)
Family Member	mcome (sue	Source	11, 331/33	DI, IIIII EI ILAI	ice, reui		mount per		
ranning Member		Source				_	Hourit per	MOH	ui
						\$			
						\$			
	1 to 4 = 11 f =			y Inform		a II a		. 4.1	
Namaa	List all fam	nily members who				OIIO	SSN	ation	Ethnicity
Names		Birth Date				33N			Ethnicity
			A	Applicant					
			Owned o	Titled in		ıme			
Year Make		Model		Mileage	Plate		Color	VIN	
						-			
I understand the q	uestions an	d statements o	n this an	olication for	rm and	una	lerstand the	e nen	alties for giving
false information.									
knowledge, includi									
understand that De									
eligibility and level			F	J				,	,
Signature of Primary Applicant: Date:									
Signature of Spor	use (if app	licable):					Date:		
Signature of Spouse (if applicable): Date: Date: Date:									

Door-Tran CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Universal Release for All Programs

information among the following agencies: Do include all departments, County of Door to include all department of Transportation, Wise Vans, Sunshine Resources, Veterans Administrand Parole Wisconsin, Automobile Insurance Apartners as applicable. Based on program(s) the with private taxi providers, fuel station vendor party sellers, and agencies who contribute fur	he verbal, written and electronic exchange of file for-Tran staff and volunteers, City of Sturgeon Bay to clude all departments, Forward Service Corporation, consin NEMT State Broker, Door 2 Door Rides/Abby ration Clinic Staff, Department of Corrections Probation Agent, United Way of Door County, Inc., and funding being used, release may also authorize communication rs, vehicle purchase or repair vendors to include private adding on your behalf and any medical providers we will formation collected will be limited to appointment date, one to care for you upon release)
information from past &/or present employer(employer(s) to allow Door-Tran representative	es to review my employee records in regard to, but not s, and reasons for leaving. Such information may be eeded, or fulfilling the vehicle loan program
specific state confidentiality laws and regulation consent unless otherwise provided for in the r	nder the Family Rights of Privacy Act, Federal and ons; and cannot be disclosed without my written regulations. I also understand that I may revoke this action has been taken in reliance on it and that; in any sted below.
This release expires one (1) year from the date	te of my exit from the program.
release. I further acknowledge that the inform consent is given of my own free will. I hereby issuing this information.	and receive a copy of the information provided by this nation to be released was fully explained to me and this y release said agencies from all liability of any kind for onsent is as valid as the original.
Signature of Client	Date
Signature of Spouse/Secondary applicant	Date
Witness (Door-Tran Representative)	Parent or Guardian (if client is under the age of 18)





Vehicle Loan Program Overview/Rules

1.	Program Overview > Funding is provided by the Wisconsin Department of Transportation and distributions.	ited on a
	first come first served basis.	
2.	 Program Eligibility Clients need to meet eligibility requirements listed on the 1st page of application page of a client becomes unemployed during the duration of a loan, they must in Program Manager and begin employment search immediately. Clients may only own one vehicle per working household member. V8 engines equipped vehicles are not eligible for the purchase loan program; howed be considered under the repair loan program. 	form the
3.	Background Checks The Circuit Court website will be used to verify no DWI/OWI/DUI/OUI in the last 24 Intl If false information is found on the application, it will be deemed ineligible.	1 months.
4.	 Loan Process No interest loans are scheduled to be repaid in no more than 24 months for purch and one year for repair loans. The maximum amount for a purchase loan is no more than \$5,000 and for a repair more than \$750. Tax, title transfer and license fees are the responsibility of the client and can be at the loan. 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 will be reviewed by the Program Manager and used to determine if the application financial ability to pay loan payments and insurance. Your actual out of pocket exprequested. Clients will be required to identify a co-signer if their debt-to-incompanded. 	ir loan no rolled into ne budget thas the spenses is
5.	Required Insurance Intl Clients are required to obtain and maintain the Wisconsin law minimum for liability (10/25/50) and uninsured and underinsured motorist coverage (100/300) through duration of the loan program participation. Failure to maintain required insurance violation to the Loan Agreement.	ghout the
6.	 Maintenance Records Clients must follow the recommended vehicle maintenance checklist. The Program Manager may request a copy of the maintenance records at any information must be supplied within 48 hours of the request. Clients may not sell, trade, lease, transfer, rent, borrow, or encumber the vehicle 	

prior written authorization from the Program Manager.





7.	person, by tele The client must provide all req	cts will be made und phone, or mail. Clie st verify employme	Intl il the loan has been paid in full. nts must return telephone calls w nt every month along with loan in a timely manner. Information s worked.	rithin 48 hours. In payment and agree to
8.	If the paymentPersonal check returned for ar	s and money orders	Intl Tran. e in the form of a check or mone will be accepted, however if the arge will be made, and checks ma Manager if a payment will be late.	y order. check or money order is y no longer be accepted.
9.	 If a client is considered be subject to interest to i	mmediate repossess any violations of the es to pay Door-Tran suant to this agreen	I/I/DUI/OUI or driver's license is in ion. If policies, the client will surrender in for any cost and fees incurred the incurred the incurred the incurred the incurred the ion and any other applicable law forfeits all funds paid to Door-Tra	the vehicle. To enforce its right to the To or regulation.
			nderstand that if I violate any of ad I agree to willfully surrender th	
Client		(Date)		
Spouse (if	applicable)	(Date)	Door-Tran Witness	(Date)

Monthly Basic Spending Plan Include only out-of-pocket expenses. If you get any assistance (housing, FoodShare, childcare, etc.)

DO NOT include those amounts.

BASIC LIVING	EXPENSES	DEBTS					
Fixed:							
Mortgage/Rent		Marra	Total Amount	Monthly			
Property Tax		Name:	Total Amount	Payment			
Property Insurance							
Fuel / Heating (Housing)							
Electric							
Water/Sewer							
Garbage							
Phone(s)							
Car Payment(s)							
Car Insurance							
Health Insurance							
Child Care							
Life Insurance							
Subtotal							
Variable:							
Groceries			A.				
Eating Out		TOTAL DEBTS					
Cable/Satellite		1					
Car Maintenance		Т	o be completed by st	aff			
Clothes							
Emergency Savings			INCOME				
Entertainment							
Gasoline (vehicle)		1st Paycheck					
Gifts		2nd Paycheck					
House Maintenance		Other Income					
Internet							
Laundry							
Long Distance		TOTAL INCOME					
Miscellaneous							
Pets							
Tobacco							
Travel		TOTAL INCOM	E				
		Less Total Exper					
Subtotal		Less Debt Payme					
		Remaining Amo					
Variable Subtotal		3 7 miles					
Fixed Subtotal		Name:					
	1	, italije					



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								
		Home	e Address*		Apartment Number			
City		County	County		State		ZIP Code	
If trip origin is different from home a	address, (complete below						
Origin Address (If Different from Home)		Apartment Number	City		State		ZIP Code	
Destination								
Student En	nployer / S	School	Addre	ess			Suite / Department	
City		County			State		ZIP Code	
Work / School Hours								
Start Time		Minutes of Flexibility		End Time] PM	Minute	s of Flexibility	
Profile Preferences						=		
Current Transportation Mode For This Trip Drive Alone Carpool Vanpool Transit				☐ Bicycle ☐ Walk ☐ Yes			-	
Gender Match Only With Same Gender ☐ Male ☐ Female ☐ Yes ☐ No				l am a Smoker ☐ Yes ☐ No	Avoid Smok	ers When Matching No		
	f Yes, Inte ☐ Driver	erested as						
	f Yes, Inte ☐ Driver	erested as	,					
	Bicycle Sk	ill Level Experienced		Prefer to Be Matched V		☐ Either		
Contact Information Please	rovide at	least two contacts. A	An e-m	nail is required for onlin	e contact			
Area Code / Home Telephone Number				Area Code / Cell Telephone Number				
() -			(() -				
Area Code / Work or School Telephone Number / Extension () - Extension				-mail				
The Wisconsin Rideshare program allows potential partners to contact each other via text messaging. Users must agree to				Permission to Send / Receive Text Messages? ☐ Yes ☐ No				
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.				Name of Cell Phone Provider*				
How Did You Hear About This Program			A	dditional Information or C	omments			

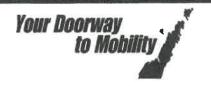
*Home address, home telephone and cell phone provider are used for internal purposes and will not appear on matchlists.

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.





Consent Form

Consent Form	
(Electronic Storage and/or Electronic Transm	nission)
I, [PLEASE PRINT NAME] its employees and programs consent to perform the following actions;	, give Door-Tran as well as
its employees and programs consent to perform the following actions; following information or allowing the release of the following information f benefits and/or services (<i>check all that apply</i>):	and I am voluntarily providing the for the purpose of receiving program
 Store an electronic copy of program relevant material necessand/or services; 	
 Electronically transmit a copy of program relevant material necesand/or services; 	essary for receiving program benefits
Electronically transmit other documents containing personal ide	ntifying information.
I give this consent knowing and understanding that the information electron electron 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	ctronically stored and/or transmitted
I FURTHER UNDERSTAND THAT I HAVE THE RIGHT TO WITHDRA ANY TIME AFTER SIGNING THIS FORM BY PROVIDING DOOR THAT I AM WITHDRAWING MY CONSENT RELATIVE TO ELECTRONIC TRANSMISSION OF PERSONAL IDENTIFYING INFOR	-TRAN WITH WRITTEN NOTICE LECTRONIC STORAGE AND/OR
Signaturé: D	Pate:
Signature:	Date:

Door-Tran



Liability Waiver & Release Form

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:	(spouse, parent or legal guardian, if applicable)	Date:	