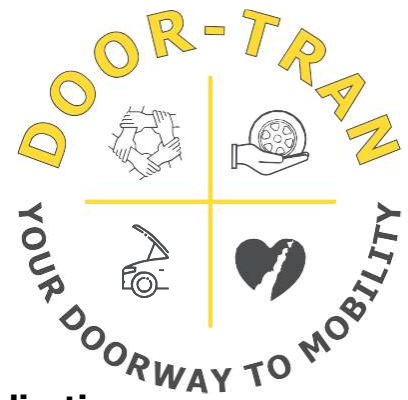


Door-Tran
1009 Egg Harbor Rd
P.O. Box 181
Sturgeon Bay, WI 54235-0181



Vehicle Repair & Purchase Loan Program Application

Program Description:

Door-Tran offers **Door County** residents no interest vehicle purchase or repair loans to meet their need for reliable transportation to employment. Vehicle purchase loan may be as much as \$5,000 with a repayment of 24 months. Repair Loan may be as much as \$750 for up to 18 months. Clients must also be willing to register for the Wisconsin Ride Share program. 20% down payment of the total loan is required. Households with multiple vehicles may not be considered.

Applicant Eligibility:

- Household income must be at or below 150% of Federal Poverty Level.
- Must have a valid WI driver's license.
- Must have **no** driving/operating while intoxicated or driving/operating under the influence violations within the last 24 months.
- Must demonstrate the ability to make monthly loan and insurance 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. An applicant that has a written offer of minimum employment requirements and/or is working with an agency who can verify your status, may be considered.

Considered Vehicle Requirements:

A vehicle with a V8 engine or larger is not eligible for the Purchase Loan Program; however, it may be considered for the Repair Loan Program. The vehicle can be found through a private party or a dealership. Must have a clear title. Must be able to pass a used vehicle inspection and meet the Kelly Blue Book value expectations for the program.

Please contact Door-Tran at (920) 743-9999 or (877) 330-6333 if you need more information or have questions about this application.

Thank you again for your interest in the Vehicle Repair & Purchase Loan Program.

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 Instructions

(Applications that have missing information or documentation will be denied)

Complete and submit the following forms:

- Vehicle Loan Program Application* form
- Consent for Release of Confidential Information* form
- Program Rules* form (initialed and signed by each applicant)
- 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 members 18 years of age or older, 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.
- Once vehicle repair loan is approved, two written estimates from a licensed garage may be needed. If the current vehicle is not worth repair, this must be verified by a licensed garage.

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

Client Name: _____ Social Security Number: _____
Pronouns: _____ Male Female Other _____ Date of Birth: _____
Address: _____ City: _____
Mailing Address (if different from above): _____
Phone #: _____ Email: _____
Emergency Contact Name & Phone Number: _____
Marital Status: _____ U.S. Citizen: Yes No
Are you the parent or Guardian of a child under the age of 18? Yes No
Does the child live with you? Yes No
Please check each of the following items you are currently enrolled in: Medicaid/BadgerCare Plus
 Childcare Assistance FoodShare Heating Assistance Housing Assistance
 WIC W-2 NWTC – IDA Other _____

Household Income: list all household members income

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

Household Member	Employer	Monthly Net Income	Weekly Hours	Current Hourly Wage
		\$		
		\$		
Total 3 month Income:		\$		

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

Household Member	Source	Amount per Month
		\$
		\$

Basic Household Information

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

Names	Birth Date	Relationship to Applicant	SSN	Ethnicity

Vehicles Owned or Titled in Household Members Name

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
Universal Release for All Programs

I, _____, authorize the verbal, written and electronic exchange of file information among the following agencies: Door-Tran staff and volunteers, City of Sturgeon Bay to include all departments, County of Door to include all departments, Forward Service Corporation, Wisconsin Department of Transportation, Wisconsin NEMT State Broker, Door 2 Door Rides/Abby Vans, Sunshine Resources, Veterans Administration Clinic Staff, Department of Corrections Probation and Parole Wisconsin, Automobile Insurance Agent, 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, fuel station vendors, vehicle purchase or repair vendors to include private party sellers, and agencies who contribute funding on your behalf and any medical providers we will be asked to provide transportation to. (The information collected will be limited to appointment date, time, length and whether you will need someone to care for you upon release)

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/Secondary applicant

Date

Witness (Door-Tran Representative)

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

Door-Tran
1009 Egg Harbor Rd
P.O. Box 181
Sturgeon Bay, WI 54235-0181



Vehicle Loan Program Overview/Policies

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 first page of application packet.*
- *If a client becomes unemployed during the duration of a loan, they must inform the Program Coordinator and begin employment search immediately.*
- *Clients may only own one vehicle per employed household member.*
- *V8 engines equipped vehicles are not eligible for the purchase loan program; however, may be considered under the repair loan program.*

3. Background Checks

Intl. _____

- *The Circuit Court website will be used to verify no DWI/OWI/DUI/OUI in the last 24 months.*
- *If false information is found on the application, it will be deemed ineligible.*

4. Loan Process

Intl. _____

- *Loans are to be repaid in no more than 24 months for purchase and no more than 18 months for repairs.*
- *The maximum borrowed amount for a purchase loan is \$5,000 and for a repair loan is \$750.*
- *Tax, title transfer and license fees are the responsibility of the client and will be rolled into the loan.*
- *Proof of insurance must be provided before the loan is granted.*
- *Door-Tran will be listed on the title as the primary lien holder.*
- *The client is required to complete a budget as part of the application process. The budget will be reviewed by the Program Coordinator and used to determine if the applicant has the financial ability to pay loan payments and insurance. Your actual out of pocket expenses are 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 coverage (25/50) and underinsured motorist coverage (50/100) throughout the duration of the loan program participation. Failure to maintain the required insurance will be a violation of the Loan Agreement.*

6. Maintenance Records

Intl. _____

- *It is recommended that clients continue vehicle maintenance as needed.*
- *The Program Coordinator 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 Program Coordinator.*

7. Client Follow-Up

Intl. _____

- *Monthly contacts will be made until the loan has been paid in full. Contacts may be made in person, by telephone, email 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 may include Employers name, wages, and number of hours worked and trip totals.*

8. 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 and money orders will be accepted. If a check is returned for any reason, a \$25 charge will be made, and checks may no longer be accepted.*
- *Clients must contact the Program Coordinator if the payment will be late.*

9. Repossession/Surrendering a Vehicle

Intl. _____

- *If a client is convicted of DWI/OWI/DUI/OUI or driver's license is revoked, the vehicle may be 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 may be subject to repossession and I agree to willfully surrender the vehicle.

Client (Date)

Spouse (if applicable) (Date)

Door-Tran Witness (Date)



WISCONSIN RIDESHARE REGISTRATION

Wisconsin Department of Transportation
DT1200 4/2021



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

Wisconsin Rideshare
PO Box 798
Waukesha, WI 53187-0798

Email: RIDESHARE@dot.wi.gov
Telephone: (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"/> a.m. <input type="checkbox"/> p.m.	Minutes of Flexibility	End Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 email is required for online contact.

(Area Code) Home Telephone Number*	(Area Code) Cell Telephone Number
(Area Code) Work or School Telephone Number and Extension Extension:	Email Address
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 emailed if an email address is provided.

If you have Internet access, you may check for new matches at anytime through:

<http://wisconsindot.gov/Pages/travel/road/rideshare/default.aspx>.

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: _____

(spouse, parent or legal guardian, if applicable)

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: _____

(spouse, parent or legal guardian, if applicable)