

**WORKFORCE
DEVELOPMENT
BOARD**

RETURN APPLICATION TO:
BARB HARMANN
WDI
892 MAIN STREET
PEWAUKEE, WI. 53072
(262) 695-8041 voice
(262) 695-7890 fax
bharmann@wctc.edu

RECEIVED: _____
REVIEWED: _____
INTERVIEW DATE: _____

**Keys to Work
Auto Loan Application**

Participant Information			
Date of Application: _____		County: _____	
Name: (Last) _____	(First) _____	(M.I.) _____	
Drivers License # / State / Expiration Date _____	DOB _____	SS# _____	
Present Address (Street/PO Box) _____		(City, Zip) _____	
Rent/Mortgage/month: \$ _____ ___ House ___ Apartment ___ Mobile Home ___ Duplex ___ Other: _____ Years and/or months at present address: _____			
Home Phone: _____		Cell Phone: _____	E-mail: _____
Demographic Information			
<u>Race:</u> ___ Caucasian ___ African-American ___ Hispanic ___ Asian ___ Native American ___ Other			
<u>Marital Status:</u> ___ Single ___ Married ___ Separated ___ Divorced			
<u>Family Status:</u> ___ No children ___ Two parent family ___ Single Parent, Head of Household ___ Non-custodial Parent			
<u>Veteran? :</u> ___ Yes ___ No Spouse of a Veteran? ___ Yes ___ No <u>Disability? :</u> ___ No ___ Yes			
<u>Education:</u> ___ 0-8 th grade ___ 9 th - 12 th grade ___ HS Grad ___ GED ___ 12 th grade + ___ 2year Grad ___ 4year Grad			
Household Income Information		Refer to and Complete Page #3	
<u>What types of income or assistance do you and your family receive?</u>			
___ Unearned Income: \$ _____		Source(s) of Unearned Income: _____	
___ Employment: \$ _____		(gross wages) [Hourly Weekly Bi-Weekly Monthly Yearly] {Circle One}	
___ Food Share: \$ _____			
___ Unemployment \$ _____			
___ SSI Disability: \$ _____			
___ Child Support: \$ _____		What County: _____ Person Paying Child Support: _____	
Total Household Income: \$ _____			
Transportation Information			
How do you currently get to work? _____			
Do you own a car? ___ No ___ Yes			
If yes: Year: _____ Model: _____ Estimated Value: \$ _____ Total miles on Car: _____			
Do you owe any money on the car?: ___ No ___ Yes: How much: \$ _____			
If selected for this program what will you do with your current car?: _____			

Do you have insurance?: No Yes Type of Coverage: _____ Premium: \$ _____

Name of Agency: _____ Phone Number: _____

Address of Agency: _____

Driving History

Have you had any alcohol related traffic citations in the past five years?: No Yes How many?: _____

Are you currently in treatment for alcohol or drug-related problems?: No Yes

Have you had any moving violations in the past 5 years? No Yes If yes, how many? _____ Most recent: _____

Have you ever been convicted of a crime?: No Yes Please explain: _____

Do you currently have any points against your license?: No Yes How many points? _____

Why are you applying for a Keys to Work Auto Loan? _____

Please list the various uses you will have for a car in order of importance: _____

How did you hear about Keys to Work? Referred by: _____

Current or Most Recent Employer

Name of Employer:	Phone#	Start Date:	End Date:
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(Street, PO Box, City, State, & Zip)
Employer's Address:

Your job title:

Salary/Wages: _____ per:	Average number of hours per week:
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Reason for leaving:

Other Current Employment (if applicable)

Name of Employer:	Phone#	Start Date:	End Date:
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(Street, PO Box, City, State, & Zip)
Employer's Address:

Your Job Title:

Salary/Wages: _____ per:	Average number of hours per week:
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Reason for leaving:

Previous Employer

Name of Employer:	Phone#	Start Date:	End Date:
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(Street, PO Box, City, State, & Zip)
Employer's Address:

Your Job Title:

Salary/Wages: _____ per:	Average number of hours per week:
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Reason for leaving:

Previous Employer

Name of Employer:	Phone#	Start Date:	End Date:
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(Street, PO Box, City, State, & Zip)
Employer's Address:

Your Job Title:

Salary/Wages: _____ per:	Average number of hours per week:
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Reason for leaving:

Family Members

Name (Last)	(First)	(M.I)	Gender: ___ Male ___ Female	Age:
Drivers License # / State / Expiration Date:		SS#		Working? ___ Yes ___ No

Family Members

Name (Last)	(First)	(M.I)	Gender: ___ Male ___ Female	Age:
Drivers License # / State / Expiration Date:		SS#		Working? ___ Yes ___ No

Family Members

Name (Last)	(First)	(M.I)	Gender: ___ Male ___ Female	Age:
Drivers License # / State / Expiration Date:		SS#		Working? ___ Yes ___ No

Family Members

Name (Last)	(First)	(M.I)	Gender: ___ Male ___ Female	Age:
Drivers License # / State / Expiration Date:		SS#		Working? ___ Yes ___ No

Family Members

Name (Last)	(First)	(M.I)	Gender: ___ Male ___ Female	Age:
Drivers License # / State / Expiration Date:		SS#		Working? ___ Yes ___ No

References

Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

To the best of my knowledge all the information provided is true and correct, I understand that providing false information is grounds for loan denial.

Signature Date