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Program Application

Applicant Information (please print clearly):

Name: _____

SSN: _____ DOB: _____

Mailing Address: _____

Physical Address _____

(must Complete) _____

How long have you lived at this address? Years _____ Months _____ Own? _____
Rent? _____

Day Phone: _____ *Evening Phone: _____

Email: _____

Number in household: Adults: _____ Children: _____ MaineCare? _____

Name and date of birth for each adult/child in household: (if you need more room please
include on separate sheet and attach)

Employment:

Are you currently employed? Yes _____ No _____

IF not why: _____
Present employer: _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

How long have you been employed at this job? Years _____ Months _____

Occupation/Job Title: _____

Supervisors Name: _____



Helping Hands Garage

Employment History: Please list last 3 employers starting with the most recent

Name of Company: _____ Dates of
employment: from _____ to _____
Address: _____ City/Town: _____
State: _____ Zip: _____ Phone: _____
Hours per week: _____ Gross pay: \$ _____ per _____
Occupation/Job Title: _____

Name of Company: _____ Dates of
employment: from _____ to _____
Address: _____ City/Town: _____
State: _____ Zip: _____ Phone: _____
Hours per week: _____ Gross pay: \$ _____ per _____
Occupation/Job Title: _____

Name of Company: _____ Dates of
employment: from _____ to _____
Address: _____ City/Town: _____
State: _____ Zip: _____ Phone: _____
Hours per week: _____ Gross pay: \$ _____ per _____
Occupation/Job Title: _____

Is your spouse/partner employed? If yes, where? _____

Address: _____ City/Town: _____
State: _____ Zip: _____ Phone: _____
Hours per week: _____ Gross pay: \$ _____ per _____
How long have you been employed at this job? Years _____ Months _____
Occupation/Job Title: _____
Supervisors Name: _____

Please tell us the most important reason(s) you need a car: _____



**Helping
Hands
Garage**

Credit History:

Please indicate your credit history: (Please check one and explain below)

Good ___ Fair ___ Poor ___ None ___

Please explain: _____

Have you ever filed for Bankruptcy? Yes ___ No ___ if yes, Date: _____

Please explain: _____

Have you ever had anything repossessed? Yes ___ No ___

Item: _____

Please explain: _____

Transportation Needs:

Do you have a current Maine license? Yes ___ License Number: _____ No ___
if no, explain why not and when you will receive one: _____

Are you required by the State of Maine to carry SR-22 insurance? Yes ___ No ___
Do you or anyone in you household own a car? Yes ___ No ___ if yes, explain why you are
applying for a HHG car: _____

Can you drive a standard shift vehicle? Yes: _____ No _____

How many vehicles do you have in your household? _____ Please list below

Year	Make	Model	Miles
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Is there anything else you feel we need to take into consideration or think we should know when reviewing your application? _____

Miscellaneous:

Please provide the name, address, and phone number of 3 references (not related to anyone in the household):

If you receive an HHG vehicle would you be willing to participate in media publicity so others may learn about the program? Yes ___ No ___

The information contained in this application is accurate to the best of my knowledge. I understand that if I knowingly give false information in this process my application will be denied. I understand that for HHG to process my application the information I have supplied will need to be verified. I give the Helping Hands Garage permission to do so.

All information supplied by the applicant is kept confidential and will be used for application processing only.

Applicant Signature

Date

Co-Applicant or Spouse/Partner Signature

Date

Please take a moment to tell us how you heard about our Helping Hands Garage Program:



Household Budget Information

Monthly income: Please list all sources of income for entire household

Employment	\$ _____	(net income)
TANF	\$ _____	
Unemployment	\$ _____	
Child Support	\$ _____	
Alimony	\$ _____	
VA	\$ _____	
SSDI/SSI	\$ _____	
Other Income	\$ _____	

Total Monthly Income \$ _____

Monthly Expenses:

Rent	\$ _____	
Electric	\$ _____	
Heat	\$ _____	
Water	\$ _____	
Telephone	\$ _____	
Cable	\$ _____	
Internet	\$ _____	
Groceries	\$ _____	(do not include food stamp purchases)
Child Care	\$ _____	
Credit Cards	\$ _____	
Loans	\$ _____	
Miscellaneous	\$ _____	

Total Monthly Expenses: \$ _____

Total Assistance received:

Rental assistance	\$ _____
Electric assistance	\$ _____
Fuel assistance	\$ _____
Food Stamps	\$ _____
WIC	\$ _____
Child Care assistance	\$ _____
Other	\$ _____

Total Assistance: \$ _____



Authorization to release information

I _____ authorize Washington Hancock Community Agency to contact any employer, financial institution, landlord, child care provider, medical care provider, school, college, Dept. of Human Services, or any agency deemed necessary to obtain information required to complete my application for participation in the Helping Hands Garage Program; this may also include a credit report.

I understand that a photocopy of this release is as valid as the original.

Sign

SSN

Date