



# CAR REPAIR REQUEST

**Please *KEEP THIS PAGE* for your records.**

## CAR REPAIR GUIDELINES:

- **MUST BE A RESIDENT OF ANOKA COUNTY MN**
- Age 21 or older
- Must have income in the very low to moderate income range listed on the application
- Must have a valid driver's license that shows current address
- Must have car insurance
- Vehicle must be registered in your name
- No previous assistance from Cars for Neighbors or Free to Be, Inc.
- We are **NOT** able to assist with non-running vehicles, transmissions, engines and other major repairs

## HOW TO APPLY:

To qualify you must fill out the entire application and send it via email or in the mail. We will contact you once it has been reviewed. Applications for service will be denied if we are provided with insufficient information. **The address listed here is our mailing address, not our office location.**

Cars for Neighbors  
12527 Central Ave NE, Suite 110  
Blaine, MN 55434

Email: [info@carsforneighbors.org](mailto:info@carsforneighbors.org)

Phone: 763.717.7755

**NOTE:** After an inspection is done on your vehicle by our designated repair shop, Cars for Neighbors will be provided with an estimate. We make the final decision on if your car is deemed repairable. Once your repair is approved, you will have **7 DAYS** to have your vehicle repaired. After 7 days, if you have not had repairs completed your application will be considered inactive and you will need to reapply.



# CAR REPAIR ASSISTANCE APPLICATION

## CONTACT INFORMATION:

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other contact info: \_\_\_\_\_

## HOUSEHOLD INFORMATION:

List all of the people who live at your residence below.

NAME	DATE OF BIRTH	RELATIONSHIP	DRIVERS LICENSE#
		SELF	

Type of housing:  OWN  RENT  SHELTER  HOMELESS  OTHER \_\_\_\_\_

## DEMOGRAPHICS:

Marital status:  SINGLE  MARRIED  WIDOWED  DIVORCED  SEPARATED

1<sup>st</sup> Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_

Please list employment information below.

NAME OF EMPLOYER	HOURS PER WEEK	HOURLY WAGE	START DATE

List other sources of income for entire household including any financial assistance below.

NAME	SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN



# CAR REPAIR ASSISTANCE APPLICATION

## VEHICLE INFORMATION:

Is the car driveable?  YES  NO

Describe the vehicle problem:

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Vehicle needing service:

YEAR	MAKE	MODEL	MILEAGE	AMOUNT OWED

**HOW WILL THIS SERVICE HELP YOU? (OPTIONAL)** Please explain how our Transportation Assistance Program can help you in your current situation. This is so we have a better understanding of your needs and how the program can better your life. Your statement **WILL NOT** be used for qualification. We may contact you at a future date to follow up on this statement.

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**SIGNATURE:** *My signature acknowledges that the information provided is correct, true and complete.*

Applicant signature: \_\_\_\_\_

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

**PARTICIPANT SURVEY – Effective 06/28/2019**

**Please complete the entire form and supply the requested information or circle the correct item as it applies to you.**  
See attached HUD Definitions for clarification of terms: Female Head of Household, Senior, Severely Disabled and Youth.

**Participant Name:** \_\_\_\_\_  
(Please Print)

**Total Number in Household:** \_\_\_\_\_

*Please circle the appropriate selection:*

**Sex:** Female Male

**Age:** 18 and under (youth) 19-30 31-61 62 or older (senior)

**Hispanic:** Yes No

*Circle one:* **Single Race** or **Multi-Race** or **Other**  
White American Indian and White  
Black / African American Asian and White  
Asian African American and White  
American Indian or Alaska Native American Indian and African American  
Native Hawaiian or Pacific Islander

**Are you Homeless?** Yes No

**Female Head of Household:** Yes No

(Definition: a married or unmarried female who maintains a household for a dependent or non-dependent relative, and provides more than half of the dependent's financial support.)

**Are you Severely Disabled?** Yes No **If yes, describe:** \_\_\_\_\_

**Income Information:** Circle family size (total number in household including foster children) **then**, without changing rows, Circle the amount listed to the right of the "family size" column that includes your total household income.

Family Size	Income Categories			
	Very Low	Low	Moderate	Over Income
1 →	\$21,000 or below	\$21,001 thru \$35,000	\$35,001 thru \$52,850	\$52,851 or above
2 →	\$24,000 or below	\$24,001 thru \$40,000	\$40,001 thru \$60,400	\$60,401 or above
3 →	\$27,000 or below	\$27,001 thru \$45,000	\$45,001 thru \$67,950	\$67,951 or above
4 →	\$30,000 or below	\$30,001 thru \$50,000	\$50,001 thru \$75,500	\$75,501 or above
5 →	\$32,400 or below	\$32,401 thru \$54,000	\$54,001 thru \$81,550	\$81,551 or above
6 →	\$34,800 or below	\$34,801 thru \$58,000	\$58,001 thru \$87,600	\$87,601 or above
7 →	\$39,010 or below	\$39,011 thru \$62,000	\$62,001 thru \$93,650	\$93,651 or above
8 →	\$43,430 or below	\$43,431 thru \$66,000	\$66,001 thru \$99,700	\$99,701 or above
More than 8	Talk to agency staff for help in determining income category for your household.			

I certify that the information on this form is accurate and complete. I authorize (Cars for Neighbors / Anoka County) to verify the information provided if necessary.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

All information you provide about you and your family household is considered private data as defined by the Minnesota Government Data Practices Act. We will use your private data only as it is required for the administration and management of this program.

**HUD Definitions**

**Female Head of Household:** a married or unmarried female who maintains a household for a dependent, or non-dependent relative, and provides more than half of the dependent's financial support.

**Senior:** a person 62 years or older.

**Severely Disabled:** If you

- 1) use a wheel chair or another special aid for 6 months or longer; or,
- 2) are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking), or need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating or toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); or
- 3) are prevented from working at a job or doing housework; or,
- 4) have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility, dementia or mental retardation; or,
- 5) are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

**Youth:** a person 17 years or younger.

**For Agency use only:**  
(Participant does not complete)

**Income determination for households of more than 8 members:**

Per HUD, family sizes in excess of 8 persons are calculated by adding eight percent (8%) of the four-person income limits for each additional family member. So:

- 9-person household should be 140% of the 4-person limit;
- 10-person household should be 148% of the 4-person limit;
- 11-person household should be 156% of the 4-person limit;
- 12-person household should be 164% of the 4-person limit; and so on.

If conflicting information is provided on Survey form, please explain here:

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Cars for Neighbors  
12527 Central Ave NE, Suite 110  
Blaine, MN 55434

Phone: 763.717.7755  
info@carsforneighbors.org

## PERMISSION TO VERIFY APPLICATION AND AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I \_\_\_\_\_, permit Cars for Neighbors to share and verify the information provided to determine benefits I may be eligible for. The following agencies may receive and exchange information to qualify me for the Transportation Assistance Program:

- Anoka County Community Action Program (ACCAP)
- Anoka County Community & Governmental Relations Department
- Anoka County Income Maintenance Department
- Anoka County Job Training Center
- Community Emergency Assistance Programs (CEAP)
- My Employer
- Car insurance company
- Car repair shop
- Auto dealer
- BridgeLink
- Other \_\_\_\_\_

This data is private. Cars for Neighbors can only give this information if they have my permission in writing. They may give data without my permission if otherwise provided by state or federal law. I understand that I have the right to refuse release of this data. If I refuse, Cars for Neighbors may be unable to assist me. Cars for Neighbors verifies that the information provided on the application is correct, true and complete with information through exchange of information with Anoka County agencies. Cars for Neighbors is not responsible for disclosure of the information or resulting damages in the event of a cyber-attack or data security breach. Cars for Neighbors will verify that you own the vehicle; verification will be done using DMV vehicle ownership information.

I hereby authorize Cars for Neighbors to release and exchange information pertaining to my application and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. I authorize release and exchange of the information requested for car repair services. This permission is good for one year from the date I sign it.

**Applicant signature authorizing release:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Warning: Section 1001 of Title 18 of US. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.