
Thank you for your interest in Autos for Opportunities. This is a program to help employed individuals get transportation to their jobs. You may be eligible to receive a vehicle if:

1. You are employed, and have been employed with the same company, for at least 6 months.
2. You are a South Carolina resident who lives in Richland County or Lexington County
3. You have a valid SC driver's license, and clean driving record. Small traffic tickets such as speeding are fine, but suspensions, reckless driving, failure to pay insurance, etc. will result in disqualification

To help us consider your application, please follow these guidelines:

- Consider if owning a car is economically feasible. You will be accepting the car "AS IS" with no warranty. The responsibility for insurance, repairs, and all other operating costs is yours.
- It is particularly important that you explain your employment and income--to include the income of **every adult** in the home. Staff will determine if your total household income is less than 185% of the federal poverty level.
- The waiting period to receive a vehicle may be six (6) months or longer. Please use this time to set aside money for the program fee of \$250.00, title and tag fees of \$45.00. Keep in mind that in addition to \$295, you will need to save up for car insurance.
- Please keep us informed of any changes in your address or phone number. We cannot provide you with a car if we cannot reach you. You may update your contact information by calling 803-799-3853

Steps to receive a car:

1. Submit the attached application to The Cooperative Ministry
2. The program must verify the information provided on your application, which can take up to one month. Please do not call until after one month to check the status of your application.
3. You will be notified via letter whether you qualify for the program.
 - a. If declined, you will receive an explanation.
 - b. If accepted, you will be notified of financial workshops at The Cooperative Ministry.
4. Complete two financial education workshops. The quicker you meet this requirement, the sooner you will be fully qualified for a car
5. As your name works its way up the waiting list, a staff member will reach out to you to set up a one-on-one session. You will meet to review your finances, and show you can afford the costs of owning a car.
6. You will be notified when we have a car for you, we will give you the vehicle's identification number so you can obtain insurance coverage. You will have seven days from the notification date to provide The Cooperative Ministry a cashier's check or money order in the amount of \$295.00 and to show proof of insurance.

Attach the following documents to your application:

1. A copy of your South Carolina driver's license
2. Copies of your two most recent pay stubs
3. 10-year driving history which you can obtain from the SC DMV
4. A reference letter from your employer, pastor, or case worker who can verify your need for a car

You may mail, fax or email the application and supporting documents to:

The Cooperative Ministry
Attn: Autos for Opportunities Program
3821 W. Beltline Blvd.
Columbia, SC 29204-1567
Fax: 803.252.8621 jgrote@coopmin.org

AUTOS FOR OPPORTUNITIES PROGRAM APPLICATION

I. APPLICANT

First Name		Last Name		MI	SC Driver's License Number		Today's Date										
Street Address									Apt								
City						Zip Code			County (REQUIRED)								
Primary Phone						Alternate Phone			Email								
Date of Birth (MM/DD/YYYY)			Race <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other Race			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					

II. EMPLOYMENT INFORMATION

Are you currently employed? Yes No

Name of Employer: _____

Date Started: ___/___/_____ Distance to Work (one-way): _____ Miles

Hours per week: _____ Hourly Rate (or yearly Salary): _____

Employer's Address: _____

City: _____ State _____ Zip _____ Phone _____

Supervisor's Name: _____ Phone _____

III. REASONS FOR NEEDING A CAR

What is the reason you need a car?

Do you currently own a car?

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How do you currently get to work?

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If you previously owned a car, explain why you no longer have that car:

IV. APPLICANT'S MONTHLY INCOME

Salaries & Wages	\$	Child Support	\$
Self-employment Income	\$	FI/TANF	\$
Alimony	\$	SNAP (Food Stamps)	\$
Social Security/Other Retirement	\$	SSI/Disability	\$
Veteran's Benefits	\$	Unemployment	\$
Training Allowance	\$	Worker's Comp	\$
Other	\$	MONTHLY TOTAL	\$

V. OTHER PERSONS IN HOUSEHOLD (INCLUDING CHILDREN)

Name (First & Last)	Relationship	Age	Monthly Income
			\$
			\$
			\$
			\$

VI. PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS

1. Does anyone in your household, including you, currently own a car that is running?	YES	NO
If yes, who is the car used by?		
1. Is there a bus route within three (3) blocks of your home?	YES	NO
2. Is there a bus route within three (3) blocks of your work address?	YES	NO
3. Have you ever owned a car?	YES	NO
If yes, why do you not have it now?		
4. Have you ever been convicted of a crime as an adult?	YES	NO
If yes, when and for what?		
5. Have you ever received a vehicle from The Cooperative Ministry?	YES	NO
6. Have you received a citation (ticket) for a moving violation in the last three (3) years?	YES	NO
7. Are there any suspensions on your record?	YES	NO
If yes, please explain the suspension		

VII. EMPLOYMENT HISTORY— PROVIDE AT LEAST 3 YEARS, NOT INCLUDING YOUR CURRENT EMPLOYER

Company:		Phone:	
Address:			
Job Title		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
Supervisor:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company:		Phone:	
Address:			
Job Title		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
Supervisor:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company:		Phone:	
Address:			
Job Title		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
Supervisor:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company:		Phone:	
Address:			
Job Title		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
Supervisor:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

VIII. DISCLAIMER AND SIGNATURE

I certify the information I have provided on this form is true and correct to the best of my knowledge. I understand the information may be used for verification and statistical reporting. I hereby consent for a check to be made of my employment, credit, criminal, and driving records.

Applicant's Signature	Date
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Did you include?

- Copy of SC Driver's License
- 10-yr Driving History
- Pay Stubs/Proof of Income
- Reference Letter from employer, pastor, or case worker