
Thank you for your interest in Autos for Opportunities. You may be eligible to receive a vehicle through the program 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. Your total household income is less than 185% of the federal poverty level
4. You complete two financial education workshops and meet one-on-one for a review of finances to show you can afford the costs of owning a car.
5. You have a 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.
- The program must verify the information provided on your application. This process can take up to one month. Please do not call until after one month to check the status of your application.
- You will be notified via letter whether you qualify for the program.
 - If declined, you will receive an explanation.
 - If accepted, you will be notified of financial education and budgeting workshops that are held at The Cooperative Ministry.
- 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, and car insurance. When you are notified that 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.
- 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 sending an email to info@coopmin.org.

Attach the following documents to your application:

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

You may mail the application and supporting documents to:

The Cooperative Ministry
Attn: Autos for Opportunities Program
3821 W. Beltline Blvd.
Columbia, SC 29204-1567

AUTOS FOR OPPORTUNITIES PROGRAM APPLICATION

I. APPLICANT

| | | | | | | | | |
|-------------------------------|--|------------|--|---|----------------------------|--|--------------|--|
| Last Name | | First 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: ___/___/_____ Hours per week: _____ Distance to Work (one-way): _____ Miles

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?

How do you currently get to work?

If you previously owned a car, explained 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 |
|-----------------------|------|

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