



## DRIVING SUCCESS VEHICLE PROGRAM APPLICATION

**Providing a path to vehicle ownership for hardworking individuals and families.**

Driving Success fully realizes that reliable transportation is a vital component for self-sufficiency, for stable employment, and for the care of children. Along with vehicle ownership comes financial responsibility such as insurance premiums, vehicle maintenance and gasoline. It is the intention of the Driving Success program to help drive an individual or family toward success and not create additional financial burden.

To become a program client, you must financially qualify by meeting all eligibility requirements, pay your initial insurance, title and registrations fees and provide a “pay-it-forward” purchase price.

**This application is the first step toward acquiring an affordable vehicle through the Driving Success Vehicle Program.**

Applicant Name:

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# - DRIVING SUCCESS VEHICLE PROGRAM APPLICATION -

Please verify the following eligibility requirements before beginning the application to be sure you qualify for the program and are able to provide the required documentation.

## Eligibility Checklist

- Must reside in Indian River County
- Must be gainfully employed
- Must have a valid FL Driver's License
- Household income must be between 150% – 250% of the Federal Poverty Level
- Must be able to afford vehicle ownership with approximately \$200 a month of expendable income to cover auto insurance, gasoline, maintenance/repair costs, and savings for a car in two to three years.
- Must have a referral or active, ongoing relationship with an Agency Partner or be a recent program graduate.
- Must be at least 25 years of age (18 years of age if there are dependent children in the household or aging out of foster care).
- Must not own or have a vehicle titled in one's own name. Requests for primary household vehicles will take priority.
- Must have no current or pending criminal or DUI/DWI charges.
- Must have no outstanding insurance or motor vehicle violations, including unpaid toll violations.
- Must attend mandatory work shops on budgeting and vehicle maintenance.

## Required Documentation

- Proof of employment and income, in the form of:
  - Pay stubs verifying 3 consecutive months (90 days) of employment.
  - Employer verification
  - Proof of additional support income i.e. SNAP benefits, Child Support etc.
- Copies of Valid Driver's Licenses for all drivers residing in the household.
- Copy of non-certified driving record
- Proof of Vehicle Insurance
- Copy of written, working budget
- Referral from one of the following sources:
  - Social Service Agency
  - Non-profit Service Agency
  - Employer
- Execution of contract confirming:
  - A commitment to remain employed
  - Agreement to pay it forward monthly payments in support of future Driving Success clients.
  - Optional agreement to provide public testimonial and photo release.

## Income Eligibility Requirements\*

Household Members	Fed Poverty Level	150%	250%
1	\$ 12,760.00	\$ 19,140.00	\$ 31,900.00
2	\$ 17,240.00	\$ 25,860.00	\$ 43,100.00
3	\$ 21,720.00	\$ 32,580.00	\$ 54,300.00
4	\$ 26,200.00	\$ 39,300.00	\$ 65,500.00
5	\$ 30,680.00	\$ 46,020.00	\$ 76,700.00
6	\$ 35,160.00	\$ 52,740.00	\$ 87,900.00
7	\$ 39,640.00	\$ 59,460.00	\$ 99,100.00
8	\$ 44,120.00	\$ 66,180.00	\$ 110,300.00
9	\$ 48,600.00	\$ 72,900.00	\$ 121,500.00
10	\$ 53,076.00	\$ 79,614.00	\$ 132,690.00

\*Based on the 2020 – 2021 Federal Poverty Level

## - APPLICANT INFORMATION -

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Previous Address if you have lived here less than one year.*

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Is this request for a primary or secondary household vehicle: \_\_\_\_\_

### **All Members of Household** *(Including Applicant)*

	<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>
1.		Self	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*Attach additional sheets if needed*

Are any of your children in Day Care?:  Yes  No

Do you or anyone in your household receive any of the following:

Child support:  Yes  No If yes, how much: \_\_\_\_\_

SNAP Benefits:  Yes  No If yes, how much: \_\_\_\_\_

Temporary Cash Assistance:  Yes  No If yes, how much: \_\_\_\_\_

Housing Allowance:  Yes  No If yes, how much: \_\_\_\_\_

Utility Assistance:  Yes  No If yes, how much: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Position: \_\_\_\_\_ # Hours per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

How do you get to and from work: \_\_\_\_\_

## Program Referral

*A detailed reference/referral letter from a Partner Agency which outlines how long they have worked with you and why they believe you would be a good candidate to receive a vehicle. Attach letter with your application.*

Partner Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Tell Us Your Story

Tell us about your situation and how owning a vehicle would impact your life and that of your family. Please include details on how vehicle ownership will provide opportunities that are not available to you now. i.e. going back to school, finding a better job, allowing children access to activities. *Attach additional sheets as necessary.*

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## Financial Information

Approval for this program relies heavily on the applicant having a written, working budget and living within their means. As we review your application, we will be looking for you to have enough extra income in your monthly budget to support vehicle ownership. The extra income should be approximately \$200 per month as you will need to plan for additional expenses of car insurance, gasoline, routine maintenance/repairs and saving to purchase another vehicle. We anticipate that your vehicle will last approximately 2 - 3 years.

Your budget should list all sources of income per month and all expenses. We will review this budget with you to determine that all income and expenses have been represented.

### DEBT

Are you currently using credit cards?:  Yes  No

Please list any ourstanding credit card, loan balances or other outstanding debt such as any unpaid medical expenses.

	<u>Balance</u>	<u>Min. Payment</u>	<u>Interest Rate</u>
Credit Card	\$ _____	\$ _____	_____ %
Credit Card	\$ _____	\$ _____	_____ %
Credit Card	\$ _____	\$ _____	_____ %
	\$ _____	\$ _____	_____ %
	\$ _____	\$ _____	_____ %

### BANK ACCOUNT BALANCES

Name of Bank if you presently have one: \_\_\_\_\_

Checking Account Balance: \$ \_\_\_\_\_

Savings Account Balance: \$ \_\_\_\_\_

Other Account Balance: \$ \_\_\_\_\_



## ACKNOWLEDGMENTS

As a potential client of Driving Success:

\_\_\_\_\_ I understand that Driving Success vehicles are distributed based on availability to eligible approved applicants. The process from submission of an application to receipt of a vehicle may take up to several weeks.

\_\_\_\_\_ If I am approved to receive a vehicle from Driving Success, I will receive the vehicle based on my individual/family needs and current Driving Success inventory.

\_\_\_\_\_ I understand that I do not have the opportunity to choose a vehicle and I am under no obligation to accept the vehicle offered.

\_\_\_\_\_ If I choose not to accept the vehicle offered, I will be put at the end of the waiting list and must wait for future eligibility.

\_\_\_\_\_ Submitting an application does not guarantee that I will receive a Driving Success vehicle.

\_\_\_\_\_ I understand that I am required to attend a budgeting/financial planning workshop and a basic vehicle maintenance workshop.

\_\_\_\_\_ I understand that if I do not attend required workshops, I will not be eligible to receive a Driving Success vehicle.

\_\_\_\_\_ I understand that Department of Motor Vehicle Fees, ranging from \$350 - \$380 are required upon approval of my application in order to take ownership of a vehicle.

\_\_\_\_\_ I understand that if I am awarded a Driving Success program vehicle, a lien will be placed on the title and I do not own the vehicle until the pay it forward purchase price is paid in full.

\_\_\_\_\_ I acknowledge that the information I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts may disqualify me from the program.

Applicant Name: (Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Received by Driving Success

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Do you have questions or need help? call (646) 226-9694

**Please return this completed application with all required documentation to:  
Driving Success, Inc. 4327 US Highway 1, Vero Beach, FL 32967**



for internal use only

Approved:  Date: \_\_\_\_\_ Contacted:

Denied:  Reason: \_\_\_\_\_ Contacted:

### Vehicle Award

Date: \_\_\_\_\_ VIN #: \_\_\_\_\_ Mileage: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

I agree to the \$\_\_\_\_\_ "pay it forward" price of the vehicle which is payable in \_\_\_\_\_ monthly installments following taking ownership of the vehicle.

My monthly payments will be \$\_\_\_\_\_ per month and will be paid on or before the 15th day of each month beginning \_\_\_\_\_ 15th, \_\_\_\_\_.

I understand that if I am unable to pay my monthly "pay it forward" payments on time, I will contact Driving Success immediately to make alternate arrangements. If I find that the vehicle has become a financial burden, I may return the vehicle to Driving Success. I acknowledge that if my pay it forward payments are not paid in full by the terms agreed upon above, my Driving Success Vehicle may be repossessed.

I understand that once I have been awarded a Driving Success vehicle, I am no longer eligible to apply to the program again.

\_\_\_\_\_ I agree to provide a public testimonial and photo release.

I acknowledge that the vehicle information listed above is true and accurate for the vehicle I have received. I agree to take ownership of the vehicle and abide by the aforementioned pay it forward agreement.

Applicant Name: (Print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Received by Driving Success

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

### Payment Schedule

Pay No.	Date	Amount	Balance
1			
2			
3			
4			
5			
6			

Pay No.	Date	Amount	Balance
7			
8			
9			
10			
11			
12			

Driving Success, Inc.  
4327 US Highway 1  
Vero Beach, FL 32967



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