

## **Vehicle Repair Program**

Thank you for contacting Community Action Partnership of Hennepin County (CAP-HC) about the **Vehicle Repair Program**. This packet includes information about program eligibility, required application materials, and instructions for submitting your application. It also includes forms that must be completed as part of your application.

**Please review the information in this packet carefully** to ensure that you are eligible for the program and your application materials are submitted correctly.

### **PROGRAM ELIGIBILITY**

**Please note:**

1. The vehicle in need of repair must be less than 20 years old.
2. The Vehicle Repair Program will not cover costs of replacing engines or transmissions.
3. **Applicants may only apply every 24 months** for CAP-HC's Vehicle Repair Assistance program.

**To be eligible for the program, applicants must:**

1. Live in Hennepin County.
2. Have a valid Minnesota driver's license.
3. Have current insurance.
4. Have proof of ownership of the vehicle in need of repair.
5. Have household income that is at or below the Federal Income Guidelines in the table on page 2.

## INCOME ELIGIBILITY REQUIREMENTS

Household Size	Maximum Monthly Gross Household Income*	Maximum Annual Gross Household Income*
1	\$2,608.33	\$31,300
2	\$3,525.00	\$42,300
3	\$4,441.67	\$53,300
4	\$5,358.33	\$64,300
5	\$6,275.00	\$75,300
6	\$7,191.67	\$86,300
7	\$8,108.33	\$97,300
8	\$9,025.00	\$108,300
9	\$9,941.67	\$119,300
10	\$10,858.33	\$130,300

\*Gross income—total earnings before taxes and other deductions

### REQUIRED APPLICATION MATERIALS

#### To Apply for the Vehicle Repair Program

1. Complete the forms in this application packet.
2. Provide proof of the last 30 days of income for all adults in the household.
  - This includes all sources of income, such as wages, public benefits, social security, child support, etc.
  - If you have not received any income for the last 30 days, complete the Verification of Zero Income form (page 7 of this packet).
3. Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement.
4. Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.
5. Provide a copy of:
  - A valid Minnesota driver's license. Driver's licenses from other states will not be accepted.
  - Current auto insurance for the vehicle in need of repair.
  - Car title, tab renewal receipt, or other proof of ownership of the vehicle in need of repair.
  - Financial Wellness certificate(s) reflecting completion of the training within the last 12 months.



## HOW TO SUBMIT YOUR APPLICATION MATERIALS

### Please note:

1. Your application is not complete until we receive all required application forms and documentation as specified in the “Required Application Materials” section of this packet. **If your application is submitted without all required materials, it will not be processed.**
2. Allow up to 30 days to process your application. If approved, please allow an additional 30 days for your assistance check to be processed.
3. Submitting an application does not guarantee approval.

**You may submit your application forms and documentation as specified above in one of the following ways:**

- **Email** your materials to: [vehiclerepair@caphennepin.org](mailto:vehiclerepair@caphennepin.org)
- **Mail** your materials to: CAP-HC Vehicle Repair  
7101 Northland Circle N, Suite 123  
Brooklyn Park, MN 55428
- **In person:** Drop off your materials at one of CAP-HC's offices during office hours. Locations and hours can be found at [caphennepin.org/locations](http://caphennepin.org/locations).

## AFTER SUBMITTING YOUR VEHICLE REPAIR PROGRAM APPLICATION

**After submitting your application materials, if you are eligible and approved for the program:**

1. A CAP-HC staff member will contact you with next steps.
2. All **Vehicle Repair Program** clients must complete **Financial Wellness training** and submit the completion certificate(s) before vehicle repairs are started. Training hours can be completed via group workshops (in person or online workshops available) or self-led online training.



## INTAKE FORM

This Intake Form can be used to apply for Water Assistance, Emergency Rental Assistance, Vehicle Repair, MNsure Application Assistance, and the Employment Readiness Program. **You only need to complete one Intake Form even if you are applying for more than one of these programs. Any additional program-specific forms and/or required documentation will be outlined in each program's application instructions.**

This Intake Form *cannot be used* to apply for the Energy Assistance or Energy-Related Repair Programs. For information about how to apply for those programs, visit [caphennepin.org/eap](http://caphennepin.org/eap).

### COMPLETING THIS INTAKE FORM

We need information about you, anyone living in your home, and your household income to determine if you are eligible for services. Our funders require the rest of the information.

### HOW DID YOU HEAR ABOUT CAP-HC?

<input type="checkbox"/> CAP-HC Staff	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper or Magazine Ad
<input type="checkbox"/> CAP-HC Website	<input type="checkbox"/> Mailer, Flyer, or Brochure	<input type="checkbox"/> Partner Organization
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Mortgage Lender	<input type="checkbox"/> Outreach Event: _____
<input type="checkbox"/> Other: _____		<i>Event Name or Date</i>

*Please state how you heard about us.*

### YOUR INFORMATION

1. { First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MN ZIP Code: \_\_\_\_\_ County: Hennepin  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. How would you like us to contact you about your application?

<input type="checkbox"/> Email to email address above	<input type="checkbox"/> Phone call to phone number above
<input type="checkbox"/> Text message to phone number above	<input type="checkbox"/> Mailing to street address above

3. Are you a CAP-HC employee?     Yes     No

4. Are you a CAP-HC board member?     Yes     No

5. Were you born outside the United States?     Yes     No

6. What is your primary or preferred language? \_\_\_\_\_

7. Do you want an interpreter?     Yes     No

8. Your Work Status (*please select all that apply*):

<input type="checkbox"/> Employed Full-Time (at least 30 hours)	<input type="checkbox"/> Unemployed (short-term, 6 months or less)
<input type="checkbox"/> Employed Part-Time (less than 30 hours)	<input type="checkbox"/> Unemployed (long-term, more than 6 months)
<input type="checkbox"/> Self-Employed (such as Lyft or Door Dash)	<input type="checkbox"/> Unemployed (not seeking employment)
<input type="checkbox"/> Migrant Seasonal Farm Worker	
<input type="checkbox"/> Retired	

9. Your Marital Status:     Single     Married     Domestic Partner     Divorced     Widowed

### AUTHORIZED REPRESENTATIVE (*Optional*)

You may give an authorized representative permission to act on your behalf. Your representative must be an individual person (not a group or organization). Your representative cannot sign your application unless you provide documentation of their legal authorization to do so with your application (e.g. Power of Attorney, Guardian, or Conservator).

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## HOUSEHOLD INFORMATION

1. How many people are in your household? \_\_\_\_\_

2. Household Status:

- Single Person
- Two Adults, No Children
- Single Parent
- Two Parents
- Multigenerational (3 or more generations)
- Other: \_\_\_\_\_  
*Please describe.*

3. Housing Status:

- Own
- Rent
- Other Permanent Housing
- Homeless
- Other: \_\_\_\_\_  
*Please describe.*

4. Use these codes to identify Race, Gender, Education Level, and Health Insurance Status of each person in your household below.

- **Race:** I =American Indian/Alaskan Native, A =Asian, B =Black or African American, P =Native Hawaiian or other Pacific Islander, W =White, IW =American Indian & White, IB =American Indian & Black, AW =Asian & White, BW =Black/African American & White, MR =Multi-Race, O =Other, NR =Choose not to respond
- **Gender:** M =Male, F =Female, N =Non-Conforming
- **Education Level:** 8 =0 - 8th Grade, NG =9-12 Non-Graduate, G =High School Graduate, GED =GED, 12 =12th Grade and some postsecondary school, CG =2 or 4 year College Degree, GD =Graduate Degree of other postsecondary school
- **Health Insurance:** N =None, DP =Direct-Purchase, M =Military, MCARE =Medicare, MCAID =Medicaid, SC =State Children, SA =State Adult, E =Employer Based

Household Member's Name	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic/Latine Yes or No	See Codes Above				
							Race	Gender	Education Level	Health Insurance	
Applicant's Name	Self										

## HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receives. *(please select all that apply):*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Nutrition Assistance (SNAP)     | <input type="checkbox"/> Housing Choice Voucher       | <input type="checkbox"/> Affordable Care Act Subsidy |
| <input type="checkbox"/> WIC                             | <input type="checkbox"/> HUD-VASH                     | <input type="checkbox"/> Childcare Voucher           |
| <input type="checkbox"/> Earned Income Tax Credit (EITC) | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Head Start                  |
| <input type="checkbox"/> Energy Assistance Program (EAP) | <input type="checkbox"/> Public Housing               |  |



## HOUSEHOLD INCOME

For the last full calendar month before signing this application, list the amount of each type of income you and all members of your household received. Write the household member's name at the top of each column. Use gross income (the amount earned before taxes and deductions).

Source of Income	Applicant's Income	_____ 's Income	_____ 's Income	_____ 's Income
Employment (Adults Only)	\$ _____	\$ _____	\$ _____	\$ _____
Self-Employment (Adults Only) Month and year business started: <u>MM/YYYY</u>	\$ _____	\$ _____	\$ _____	\$ _____
TANF/MFIP/GA	\$ _____	\$ _____	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Income (SSI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Disability Income (SSDI)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Retirement	\$ _____	\$ _____	\$ _____	\$ _____
VA Disability Compensation/Pension	\$ _____	\$ _____	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Private Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____ <i>Please describe.</i>	\$ _____	\$ _____	\$ _____	\$ _____

My household has a financial hardship and has received NO income for the last full calendar month before signing this application. If checked, Verification of Zero Income form on the next page is required.

## ADDITIONAL INFORMATION

- Are you enrolled in the Transit Assistance Program or other transit discount program?  Yes  No
- Do you need to update your voter registration information?  Yes  No
- Do you need information about how to apply for child support services in Minnesota?  Yes  No

## SIGNATURE

The information I have provided is true and correct. I understand that:

- I must provide documentation to verify my residency, the size of my household, and household income.
- My application will be delayed and may be denied if I do not send all required documentation.
- Completion of this form does not guarantee that I will receive services from CAP-HC.

I am providing my signature electronically by typing my first and last name below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## STAFF ONLY

DATE RECEIVED: \_\_\_\_\_ CAP60 Case #: \_\_\_\_\_ Family ID #: \_\_\_\_\_/\_\_\_\_\_  
CMAX Client #: \_\_\_\_\_ Case #: \_\_\_\_\_



## VERIFICATION OF ZERO INCOME

\*\*\* Only complete this form if your household has not received any income for the last full calendar month before signing this application. If your household did receive income in the last full calendar month before signing this application, make sure page 6 is filled out completely and accurately and skip to page 8. \*\*\*

### HOUSEHOLD EXPENSES

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. On the previous page, you stated that your household did not receive any income for the last full calendar month before signing this application. Please complete this form to confirm your expenses and verify your income.

Bill/Expense	Monthly Amount	Bill/Expense	Monthly Amount
Rent/Mortgage	\$ _____	Car Payment/Insurance	\$ _____
Food	\$ _____	Gas	\$ _____
Heat	\$ _____	Cable/Internet	\$ _____
Electric	\$ _____	Personal Items	\$ _____
Phone/Cell	\$ _____	Other Expenses	\$ _____

3. Please tell us how you have paid your household expenses during the last full calendar month before signing this application.

### HOUSEHOLD INCOME

During the last full calendar month before signing this application, did anyone living in your home have these sources of income?: *(please select all that apply)*

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Full-Time Job        | <input type="checkbox"/> Part-Time Job   | <input type="checkbox"/> Self-Employment    | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment         | <input type="checkbox"/> Social Security | <input type="checkbox"/> Annuity Payment(s) | <input type="checkbox"/> Pension              |
| <input type="checkbox"/> Tribal Payment(s)    | <input type="checkbox"/> Rental Income   | <input type="checkbox"/> Public Benefits    | <input type="checkbox"/> Working for Cash     |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Child Support   | <input type="checkbox"/> Savings            |   |

### UNEMPLOYED ADULTS IN THE HOUSEHOLD (Required)

List the last day of employment for all members of your household who are over 18 years of age and unemployed.

Name: _____	Last Date of Employment: _____
Name: _____	Last Date of Employment: _____
Name: _____	Last Date of Employment: _____

### SIGNATURE

By signing this form, I affirm that the information I have provided is true and correct.

I am providing my signature electronically by typing my first and last name below.

\_\_\_\_\_

Applicant Signature
Date



## Vehicle Repair Program Auto Insurance Survey

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

What is the cost of your auto insurance? \$ \_\_\_\_\_

How often do you pay this amount?    3 Months    6 Months    Annually

Do you feel that your insurance is too expensive?    Yes    No

Who is your insurance provider?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 21 <sup>st</sup> Century Insurance | <input type="checkbox"/> Farmers Insurance     | <input type="checkbox"/> Safeco         |
| <input type="checkbox"/> AAA Insurance                      | <input type="checkbox"/> Geico                 | <input type="checkbox"/> State Farm     |
| <input type="checkbox"/> All State                          | <input type="checkbox"/> Horace Mann Insurance | <input type="checkbox"/> The Hartford   |
| <input type="checkbox"/> Allied Insurance                   | <input type="checkbox"/> Liberty Mutual        | <input type="checkbox"/> Travelers      |
| <input type="checkbox"/> American Family                    | <input type="checkbox"/> MetLife               | <input type="checkbox"/> USAA Insurance |
| <input type="checkbox"/> Ameriprise                         | <input type="checkbox"/> Nationwide            | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Esurance                           | <input type="checkbox"/> Progressive           |   |

I am providing my signature electronically by typing my first and last name below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





## Vehicle Repair Program Vehicle Information Form

Please list the repairs you would like completed or concerns you have about your vehicle. Start with the most important or biggest concern.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The Vehicle Repair Program considers your concerns, but the Repair Vendor decides what is the most important and must be fixed. Top priority is given to repairs that are a current or future safety hazard. The vehicle must be considered operable and safe to drive after the repairs.

### Additional Funds

You have the option to pay for repairs not paid by the Vehicle Repair Program. If you plan to pay for any additional repairs, you must pay the Repair Vendor first. CAP-HC only releases payment to the Repair Vendor once your portion has been paid.

Do you plan to contribute money to the repair of the vehicle?  Yes  No

If yes, how much are you able to contribute? \$ \_\_\_\_\_

I am providing my signature electronically by typing my first and last name below.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Vehicle Repair Program

### Vehicle Repair Guidelines & Requirements

Please **initial each box** to show you understand the guidelines and requirements of the program.

	The Vehicle Repair Program funds can only be used to repair a vehicle owned by the applicant.
	The vehicle must meet all state and federal requirements to be driven on public streets and once repaired, deemed safe to drive.
	Repairs that represent a current or future safety hazard are the priority and must be repaired first.
	Body damage can only be repaired if it directly affects the ability to drive the vehicle or the safety of the vehicle.
	Routine vehicle maintenance such as an oil change, new tires, etc. are allowed. Repairs may not include upgrades, improvements, or luxury items.
	This is a one-time grant for a minimum of \$100. The maximum grant amount will be determined based on your application materials and grant eligibility requirements. Vehicle Repair grants do not require repayment. Any balance due beyond the awarded grant amount is not the responsibility of CAP-HC.
	You are not required to use these vendors and may use a vendor of your choice.
	For the Repair Vendor chosen, auto repairs must be their main business. They must have adequate facilities, equipment to make the repairs and provide a W9 and valid proof of General Liability Insurance.
	It is your responsibility to get an estimate for the repairs within 14 days of your conditional approval. Once the estimate is complete you are responsible for submitting the estimate and sending the completed Repair Form to CAP-HC.
	The Repair Vendor who completed the estimate must perform the approved repairs and may not begin until they have received a Letter of Guarantee from CAP-HC.
	Repairs may only include those approved and documented in a Letter of Guarantee and must be completed within 45 days from the date of the letter. Any changes must be approved in advance. Unauthorized changes will not be paid by CAP-HC.
	If at any time the Repair Vendor determines the funds available will not allow the vehicle to be repaired to a level they deem safe to drive, the vehicle will no longer be eligible for Vehicle Repair Program funds.
	If you plan to pay for any additional repairs, you must pay the Repair Vendor first. CAP-HC will only release payment to the Repair Vendor once your portion has been paid.
	By participating in the Vehicle Repair Program you agree to complete a phone survey with staff 90 days and 6 months after the vehicle repair is completed.
	Applicants may only apply every 24 months for vehicle repair assistance.



## Vehicle Repair Program Waiver and Release of Liability

CAP-HC’s Vehicle Repair Program offers limited grant funds to approved applicants in need of repairs or maintenance.

Repair Vendors participating in the Vehicle Repair Program do so based on their willingness to provide discounted services. CAP-HC in no way endorses or recommends any Repair Vendor or assumes any responsibility for the service they provide.

It is understood that the approved applicants will work with any Repair Vendor at their own risk, with the knowledge of potential risks, dangers, and financial cost that such a transaction may involve.

Approved applicants, participants, heirs, and executors hereby release CAP-HC, its officers, directors, and staff from any liability, however caused, due to the repair of the vehicle through the Vehicle Repair Program.

I, the Approved Applicant and Participant, agree to assume all risks associated with repair of the vehicle and the selection of the Repair Vendor.

I am providing my signature electronically by typing my first and last name below.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

## **TENNESSEN WARNING**

### **Your Privacy Rights**

Minnesota law requires that you are informed of your rights regarding the Private Information we collect from you. Personal information is Private Information under Minnesota law. Private Information can only be shared if you give us your permission or if the law requires it.

#### **Why do we ask for this information?**

We ask you for the information so we can:

- Decide if you are eligible for services at Community Action Partnership of Hennepin County;
- Assist you in getting medical, mental health, financial, or social services from other agencies;
- Create reports, do research, audits, and evaluate our programs; and
- To tell you apart from other people who have the same or similar name.

#### **Do you have to answer the questions we ask?**

The law does not require you to give us your Private Information. However, without some information, we may not be able to provide you service.

#### **Who can we share the information with?**

These are examples of agencies we may share your Private Information with. It does not mean that we will share your information. Please note this is not a complete list.

- City of Plymouth
- Hennepin County Human Services and Public Health Department
- MN Department of Human Services
- MN Housing Finance Agency
- Neighbor Works
- US Department of Housing & Urban Development (HUD)
- US Department of Health & Human Services
- West Central Minnesota Community Action
- Other public or private agencies
- Banks, credit bureaus, creditors, or other financial institutions
- Landlords, rental property managers, or shelters
- Social service, mental health, or medical providers
- Agencies under contract with CAP-HC to provide service
- Anyone required by law

#### **Can I review the Private Information you have about me?**

You may ask if we have Private Information about you. If we have your Private Information, you can ask for copies. You can give other people approval to have copies of your Private Information. If you have questions about the information, you can ask us to explain it to you. If you think the information is incorrect you can contact us.

#### **How do I exercise my rights or ask questions?**

To exercise your rights or ask questions about the information on this notice, you can speak to the program staff assisting you or contact the Department Director at Community Action Partnership of Hennepin County, 7101 Northland Circle N, Suite 123, Brooklyn Park, MN 55428 or call 952-697-1355.

- I understand my rights and have been given a copy of this form.
- I am providing my signature electronically by typing my first and last name below.

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Print Full Name

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Applicant Signature

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Date



## HOW TO FILE A COMPLAINT

Community Action Partnership of Hennepin County (CAP-HC) wants to provide you with the best service possible.

If you are unhappy with your service experience or do not agree with the decision about your eligibility for a program, start by talking to the program staff.

If this does not help, you can contact the department director at 952-697-1355. The department director will work with you and the staff to try to resolve your concern.

I am providing my signature electronically by typing my first and last name below.

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Applicant Signature

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Date

