

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

To be eligible for the program:

- Applicants must:
 - Live in Hennepin County.
 - Have a valid Minnesota driver’s license.
 - Have current insurance.
 - Have proof of ownership of the vehicle in need of repair.
 - Have household income at or below Federal Poverty Income Guidelines—see chart below.
- The vehicle in need of repair must be less than 20 years old.
- Applicants may only apply every 24 months for vehicle repair assistance.
- The Vehicle Repair Program will not cover costs to replace engines or transmissions.

Eligibility at or below 200% of Federal Poverty Income Guidelines		
Household Size	Household Income	
	Monthly	Annual
1	\$2,510	\$30,120
2	\$3,407	\$40,880
3	\$4,303	\$51,640
4	\$5,200	\$62,400
5	\$6,097	\$73,160
6	\$6,993	\$83,920
7	\$7,890	\$94,680
8	\$8,787	\$105,440

REQUIRED APPLICATION MATERIALS

To Apply for the Vehicle Repair Program

- Complete an Intake Form, which can be downloaded at caphennepin.org/applications.
- Complete the Auto Insurance Survey, Vehicle Information, Vehicle Repair Guidelines & Requirements, Waiver and Release of Liability, and Authorization to Release Information forms on pages 3-7 of this packet.
- 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 4 of the Intake Form).
- Provide proof of the household size. Examples include a lease listing all household members, a current tax return, or a benefits statement.
- Provide proof of the Hennepin County address. Examples include a utility bill, benefits statement, or current tax return.
- 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.
 - Social Security card, if you are employed or seeking employment.
 - Financial Wellness training certificate(s) reflecting that 8 hours of training have been completed.

HOW TO SUBMIT YOUR APPLICATION MATERIALS

Please note:

- 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.**
- Allow up to 30 days to process your application.
- 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
- **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 (Brooklyn Park, Bloomington, Minneapolis). Addresses and hours can be found at caphennepin.org/locations.

AFTER SUBMITTING YOUR APPLICATION FOR THE VEHICLE REPAIR PROGRAM

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

- A CAP-HC staff person will contact you with next steps.
- All Vehicle Repair Program participants must complete 8 hours of Financial Wellness training and submit the completion certificate(s) before vehicle repairs are started. Training hours can be completed via group virtual classes or self-led online training.



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 st 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

Authorization to Release Information

Name and/or Company: _____

Address: _____

Phone Number: _____

Email Address: _____

Return information to:

ATTN: _____

7101 Northland Circle N, Suite 123
Brooklyn Park, MN 55428

Counselor: _____

Direct Phone: _____

Direct Fax: _____

Main Office Phone: 952-933-9639

I authorize YOU to release and/or share with CAP-HC the information checked below (MUST be checked prior to signature AND initialed by client):

Initial

- _____ My name, address, and phone number
- _____ My social security number (please list the last four digits of your social security number: _____)
- _____ The names, dates of birth, and social security number of my children
- _____ My MFIP provider, case number, training, or employment plan
- _____ Information on resources, benefits, and services I receive from YOU or YOUR programs
- _____ Lender information and information about my credit, including expenses, income, and money I owe
- _____ Information about my housing payments and history (rented or owned)
- _____ Mortgage account and/or loan information (please provide your account or loan #): _____
- _____ Property Address: _____
- _____ Other (foreclosure and/or bankruptcy attorney name and number): _____

I understand that information CAP-HC has about me may be given to or shared with people or organizations according to the CAP-HC Privacy Rights Notice I received from CAP-HC.

The information requested will be used to help me:

- Obtain energy assistance, emergency assistance, transportation, housing, and other basic needs
- Receive homeownership services (pre- and post-purchase services)
- Other: _____

I understand that I am not required to authorize release of information. I also understand that I will not be denied assistance for refusing to agree to release the information requested. However, CAP-HC may not be able to provide or obtain assistance for me if I do not agree.

I understand **this release will expire one (1) year after I have signed it**. I also understand that I can cancel this release at any time, but cancellation will not affect information released before I cancelled my consent.

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

Signature of Participant(s): _____/_____ Date: _____

Name of person signing for participant: _____ Reason Unable to Sign: _____

