



1210 23<sup>rd</sup> Avenue South  
Waite Park, MN 56387  
320-251-1612 (fax) 320-255-9518

## VEHICLE REPAIR PROGRAM APPLICATION

Date: \_\_\_\_\_ County: \_\_\_\_\_ Number in household: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

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

What repairs are needed to make the vehicle safe & roadworthy (list in order of importance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Application Requirements (Please include copies with application):

- Application Form
- Tri-CAP Intake Form
- Income documentation for **prior 90 days** (pay stubs, income statements, etc.)
- Valid driver's license, staff will verify this with DVS system
- Vehicle title

**If my application is approved, I agree to provide proof of auto insurance and to pay 20% of the total vehicle repair cost directly to the vendor.**

My signature below affirms the following:

- The information in this application is correct and I could be held civilly or criminally liable for any fraudulent information.
- I understand that filling out this application does not guarantee that my household will receive vehicle repair assistance from Tri-CAP.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*Other Side- Office Use Only*

# VEHICLE REPAIR PROGRAM APPLICATION

*For Office Use Only*

Staff Name: \_\_\_\_\_

Date received: \_\_\_\_\_

Client Name: \_\_\_\_\_

<b>Income Information:</b>		
90 Days Income = \$	Annual Income = \$	
125% Guidelines for HH Size= \$	Certified Income Eligible	Yes / No
<input type="checkbox"/> All other documentation received		
<input type="checkbox"/> Application approved    Date:		
<input type="checkbox"/> Application denied    Reason:		
<input type="checkbox"/> Denial letter sent    Date:		

Staff signature: \_\_\_\_\_

## Income Guidelines

Family Size	Annual Income
1	\$15,613
2	\$21,138
3	\$26,663
4	\$32,188
5	\$37,713
6	\$43,238
Each additional	\$5,525

# Tri-CAP Intake Form

Date: \_\_\_\_\_

CAP 60 Member ID: \_\_\_\_\_

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

\_\_\_\_\_  
Middle Name

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

\_\_\_\_\_  
County

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (Home, Cell, Other)

\_\_\_\_\_  
Alt. Phone (H-C-O)

Family Type:

Single Parent-Female

2 parent household

2 adults/no kids

Mixed Adults with kids

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

Single Parent – Male

Single Person

Grandparents with kids

Extended family

Housing Type:

Rent

Own

Homeless

Temporary Housing

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

Marital Status:

Single

Divorced

Separated

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

Married

Domestic Partner

Widowed

Are you registered to  
vote at your current  
address?

Yes

No

I don't know

Referred to Tri-CAP by: \_\_\_\_\_

## Family Members – Including yourself

Full Name of Household Members First, Middle, and Last Name	Relationship to you	Social Security Number	Gender	Date of Birth
You	Self			

**Demographics – including yourself**

Name	**Race	**Education	Primary Language	**Legal Status/ Residency	Disability	**Ethnicity/ Hispanic	**Health Insurance	Veteran
You								

**\*\*Key**

Race: (a) White (b) Black or African American (c) Asian (d) Native Hawaiian/Pacific Islander (e) American Indian (f) Multi-racial (g) other  
 Education: 0-12 (number of grades completed), HS Grad, GED, 12+ some college, 2 or 4 year degree  
 Legal Status: Citizen, Eligible non-citizen, Ineligible non-citizen  
 Ethnicity/Hispanic: (y) Yes, Hispanic (n) Not Hispanic  
 Health Insurance: None, Medical Assistance, Medicare, Private, MN Care, VA, Other

**List income – who receives, what type and how much per month – for each member of household:**

Name	Source of Income	Monthly Amount

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessean Warning and have the right to request of a copy of each.  
 In addition, I certify that the information provided on this application is true to the best of my knowledge.

\_\_\_\_\_  
 Head of Household Signature

\_\_\_\_\_  
 Date