

Recipient Application



2020

Thank you for contacting AutoGift.

If this is your first application as an Agency or as an Advocate please contact Angela Agel, Director of Operations to arrange a mutual date/time for a very informative conference call that will make this new process more effective. PRIOR TO submitting this application please contact her at angela@autogift.org.

RECIPIENT APPLICATION FOR: _____**REFERRED BY AGENCY:** _____ **LAST NAME** _____ **FIRST NAME** _____

Please fill this application carefully and complete ALL sections. Omitting or misrepresenting any information on this application will immediately disqualify you from this program. We reserve the right to check references and verify information represented on this application or in the interview process. ALL items requested must be attached for application to be processed.

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		County		ZIP		
Phone			E-mail Address			
Are you a United States citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>						
Race/Ethnicity	African American <input type="checkbox"/> Asian <input type="checkbox"/> Latino / Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____					
Do you have access to a vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>			What is the source of the vehicle?			
Do you currently own a vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, are you the only owner listed on the title?			
Have you ever had a vehicle repossessed? YES <input type="checkbox"/> NO <input type="checkbox"/>			When did the repossession occur?			
If you answered YES above:		Make:	Model:	Year:	Mileage:	
Family Size (how many in household)		Ages of children:				
How many children rely on you for transportation?		How Many Daughters:		How Many Sons:		
Are you willing to sign a form releasing source of car from liability? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Are you willing to sign a media release form to assist with promoting this program? YES <input type="checkbox"/> NO <input type="checkbox"/>						
EDUCATION						
Did you graduate from High School YES <input type="checkbox"/> NO <input type="checkbox"/>			If not, do you have a General Education Diploma (GED®) YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/ University/ Vocational Training (Circle all applicable)			Major/ Certification:			
Name of School or Program:			Date completed/graduated?			
Currently a student? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, when will complete the program?				
What are you studying/training for?						
Name of School or Program where currently enrolled:						

MILITARY

Did you ever serve in the military? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what branch?		Still Active: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Discharged:	Rank at Discharge?		Was discharge Honorable? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If other than honorable, explain:					

PERSONAL DRIVING HISTORY/ INSURANCE

Do you have a valid Georgia driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> (Make Copy of DL)		Is the information on the license accurate & current? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DL #		Expiration Date:	
Is your license currently suspended, lost, expired, etc.? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, explain on lines below:	

Have you ever had your license revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, why?
Have you ever taken a defensive driving course? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?
Do you have outstanding citations anywhere in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:
Are you financially capable of providing maintenance & liability insurance of \$300 per month? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EMPLOYMENT & INCOME		
Company:		Job Title:
Address:		
Supervisor:		Phone:
How long have you worked here?	From:	To:
Full Time <input type="checkbox"/> Salary\$	Part Time <input type="checkbox"/> Hourly Rate: \$	NET take home pay per month: \$
Job Responsibilities:		
Do you receive <input type="checkbox"/> or pay <input type="checkbox"/> Alimony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what is the monthly amount set by the court? \$
If yes, what year will the alimony cease?		
Do you receive <input type="checkbox"/> or pay <input type="checkbox"/> Child Support? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what is the monthly amount set by the court? \$
If yes, what year will the child support cease?		
In the section below, mark any other sources of income or assistance you receive and the amount per month. (NOTE: Omitting or misrepresenting any information on this application will immediately disqualify you from this program)		
Social Security : YES <input type="checkbox"/> NO <input type="checkbox"/> \$	Disability : YES <input type="checkbox"/> NO <input type="checkbox"/> \$	Day Care : YES <input type="checkbox"/> NO <input type="checkbox"/> \$
Food Stamps : YES <input type="checkbox"/> NO <input type="checkbox"/> \$	Gas Cards : YES <input type="checkbox"/> NO <input type="checkbox"/> \$	Scholarships : YES <input type="checkbox"/> NO <input type="checkbox"/> \$
Grants : YES <input type="checkbox"/> NO <input type="checkbox"/> \$	Other (list source) : YES <input type="checkbox"/> NO <input type="checkbox"/> \$	
Other (list source) : YES <input type="checkbox"/> NO <input type="checkbox"/> \$		Other (list source) : YES <input type="checkbox"/> NO <input type="checkbox"/> \$
OTHER		
Have you ever been convicted of a felony YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, when: What charge:
Have you ever been denied consideration for an application or job due to results of a background check? YES <input type="checkbox"/> NO <input type="checkbox"/>		
As it relates to the application screening process, do you give permission for administrators of this program to do a background check on you? YES <input type="checkbox"/> NO <input type="checkbox"/> Please Initial Here:		
If No, explain:		
Would you be willing to take a drug test if asked? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you currently smoke? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how many cigarettes or packs per day?	Brand?
Cell Phone #	Carrier:	Phone Model:

What Social Media accounts do you use (Check all that apply)?	Facebook <input type="checkbox"/> Username:
Snapchat <input type="checkbox"/> Username:	Instagram <input type="checkbox"/> Username:
Twitter <input type="checkbox"/> Username:	YouTube <input type="checkbox"/> Username:
LinkedIn <input type="checkbox"/> Username:	Pinterest <input type="checkbox"/> Username:
Other <input type="checkbox"/> Username:	Other <input type="checkbox"/> Username:

APPLICATION CHECKLIST: PLEASE ATTACH THE FOLLOWING RECORDS TO THIS APPLICATION

Attach copies of last 2 months of pay stubs	<input type="checkbox"/> Initials
Copy of Driver's License (front and back)	<input type="checkbox"/> Initials
Copy of the last 3 months cell phone bill	<input type="checkbox"/> Initials
Copy of the last 3 months of cable TV / internet bill	<input type="checkbox"/> Initials
Copy of last 2 months of all banks statements	<input type="checkbox"/> Initials
Copy of Military Discharge papers (DD214) if applicable	<input type="checkbox"/> Initials

Tell us how having your own car will change your life?

NON FAMILY MEMBER REFERENCES: (BY INITIALING HERE I GIVE PERMISSION TO CONTACT THE PEOPLE BELOW)

Name:	Phone:	Relationship:
Email:	How long have you known reference?	
Name:	Phone:	Relationship:
Email:	How long have you known reference?	
Name:	Phone:	Relationship:
Email:	How long have you known Reference?	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to me being a finalist in the process for receiving a car, I understand that false, omitted or misleading information in my application or interview will immediately disqualify me from this program. I understand that this application will not be processed unless all information is complete and all requested documents (if applicable) are attached. I authorize administrators of this program to contact references, former or present employers, and to use any other information obtained in a standard background check as part of the application screening process.

Signature:		Date:	
Printed Name as it appears on Driver's License:			

REFERRAL CERTIFICATION TO BE COMPLETED BY REFERRING INDIVIDUAL:

How long have you known applicant:

How did you first meet the applicant: **What happened in the applicant's life that necessitated her needing your services/support?**

What other agencies / ministries / services has the applicant received over the past 4 years: (For example: Homestretch, Every Woman Works, Drake House, Rainbow Village, Mary Hall, City of Refuge, St. Vincent DePaul, No One Alone, PADV)

Does the candidate have the financial means to maintain a car without it becoming a burden? **If Bank Statements reflect less than \$300 please provide specific details.**

What Programs / Classes / Therapy / Counseling has the applicant participated in to prepare them and rehabilitate them?

What life changes has the candidate made to cause you to feel that she is a good candidate for our program?

Why do you think the applicant should be the recipient of a car from AutoGift.org and what difference will it make in their life?

What else would you like to tell us about this Candidate?

Endorsement & Signature:

I certify and endorse this candidate to receive a car from AutoGift. Based on my knowledge of this candidate, first hand involvement with the candidate and their participation in our program(s), I feel this candidate's life situation will be improved with reliable safe transportation.

Signature:

Agency:

Date:

AutoGift Advocate Program

Covenant Agreement

The role of an Advocate is critical in the success of AutoGift given our limited staffing. It is a rewarding role and one we are grateful you are considering.

I, _____ , agree to the below for _____:

Advocate Name Applicant Name

- Complete the AutoGift application with the Candidate and assure all questions are answered and ALL documentation is submitted with the application.
- Email the AutoGift Director of Operations and become the voice of the Candidate. The Candidate will not communicate with AutoGift. All questions and answers go through me as Advocate.
- Help the Candidate prepare for their “car receipt ceremony” by obtaining applicable documents and accompany the Candidate to the car ceremony. If I cannot attend, it will be my responsibility to get a replacement exclusively for the ceremony only.** (We call it a ceremony because we celebrate)!
- Follow up with the recipient after the car ceremony to make sure they have sent their “Thank You” notes out, made copies of thank you notes and submit same to Autogift, completes the letter explaining how the car has changed their life, and submits a copy of their title when received.
- Will help the recipient with any questions after the transfer until the AutoGift file is closed (title received in recipient’s name) and the candidate is the true owner of said car.
- Will send AutoGift an email 6 months after the “car ceremony” to explain how the Advocate assess what the gift of a car has done to “enhanced the quality of life” of the recipient.

Advocate Signature / Date

*****Replacement for ceremony only. All other Advocate duties stated still apply.***

