



LORAIN COUNTY COMMUNITY ACTION AGENCY

506 Broadway Ave. | P.O. Box 245 | Lorain, Ohio 44052-0245 | TF (888) 245-2009 |
Fax (440) 245-3085 | www.lccaa.net

Our mission: To serve and empower Lorain County residents in need

Lorain County Community Action Agency

Vehicle Match Program (BYCar)

Contact: Robert McDonald, rmcdonald@lccaa.net
401 Broadway Avenue
Lorain, Ohio 44052
(440) 204-3151



Program Description

Lorain County Community Action Agency (LCCAA) offers the Vehicle Match Program. The program will assist eligible participants with the purchase of a vehicle for transportation to **work or school**. Please be advised that you must be employed or a fulltime student to participate. In order to qualify, the client applicant must not have a car for at least 30 days and no member of the client applicant's household can own a car. The client applicant must have an income below 125% of the federal poverty level. An *income-eligibility* chart is provided below:

The 2017 Poverty Guidelines	
Persons in Family	Poverty Guideline
1	15,075
2	20,300
3	25,525
4	30,750
For families with more than 4 persons, add 5,200 for each additional person.	

Application Process

Interested individuals can obtain an application online at www.lccaa.net (see Vehicle Match Program under Housing Programs) or by calling (440) 204-3151.

Required forms include:

- The Vehicle Match Program Application
- CSBG Intake form (attached)

Required documentation to verify eligibility includes:

- Proof of income
 - Pay stubs or appropriate documentation for total household income for the last 90 days for everyone in the household 18 years old or older.
 - A Completed Zero Income Statement if a household member over 18 has no income.
- Valid Ohio Drivers License
- Employer Name if currently working and/or the name of the school attending fulltime.
- Copy of Social Security cards for each member of the household.

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Vehicle Match Application 2016 (BYCar)

(Note: Documentation to verify eligibility must be submitted with this application)

PLEASE PRINT CLEARLY	First Name of Applicant	Last Name of Applicant	
	Street Address.		
	City, State and Zip Code		
	Daytime Phone Number	Cell Phone Number	Email Address

List all household members and all household income for the last 90 days. Use an additional sheet of paper or the back of this form if necessary. Households may also submit for the last 12 months.

Household Member's Name	Relationship to You	Social Security Number	Date of Birth	Income Source(s)	Total Income for Last 90 Days
	Self				\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Household Income					\$
Employer Name or School Name					

Client affirms that there is no vehicle owned by any member of this applicant's household.

By Signing below, the client indicates that information provided is accurate and complete.

Client Signature

Date

