

Lorain County Community Action Agency
Vehicle Match Program



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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. An *income-eligibility* chart is provided below.

The 2016 Poverty Guidelines	
Persons in Family	Poverty Guideline
1	14,850
2	20,025
3	25,200
4	30,375
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) 204-3138.

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.
- Valid Ohio Drivers License
- Currently Working/or attending School

Lorain County Community Action Agency Vehicle Match Application 2016

(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.

Household Member's Name	Relation-ship to You	Social Security Number	Date of Birth	Income Source(s)	Total Income for Last 90 Days
	Self				\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Household Income					\$

*Households may also submit for the last 12 months.

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

Client Signature

Date

CSBG INTAKE FORM HEAD OF HOUSEHOLD INFORMATION

CSBG #: _____

SS# _____ LAST NAME _____ FIRST NAME _____
 DATE OF BIRTH _____ STREET ADDRESS _____
 CITY _____ ZIP _____ PHONE _____
 GENDER: F ___ M ___ DISABLED: Y ___ N ___ FOOD STAMPS: Y ___ N ___ VETERAN: Y ___ N ___

ETHNICITY:

- Black
- White
- Hispanic
- Native American
- Asian
- Other

EDUCATION:

- 0-8
- 9-12
- HS Grad/GED
- 12+
- Unknown
- College Grad

HEALTH INSURANCE:

- Medicaid/HMO
- Medicare
- Private
- Self Insured
- Other
- None

FAMILY TYPE:

- Single Parent Female
- Single Parent Male
- Two Parent
- Single Person
- Couple
- Other

HOUSING STATUS: RENT ___ OWN ___ HOMELESS ___ SITE COUNTY: **LORAIN**
 HOUSING TYPE (Check appropriate number below):



1. ___ Mobile Home



2. ___ Single Family



3. ___ Multi-family Low-rise
(3 stories or less)



4. ___ Multi-family High-rise
(4 stories or more)

INCOME SOURCE:

- Employment
- Unemployment
- Social Security

- AFDC
- General Assistance
- SSI/SSD

- Pensions
- Disability
- Other

HOUSEHOLD MEMBERS INFORMATION (DO NOT INCLUDE YOURSELF)						
SS#						
LAST NAME						
FIRST NAME						
DATE OF BIRTH						
GENDER						
DISABLED						
ETHNICITY						
EDUCATION						
HEALTH INS						
VETERAN						
INCOME PERIOD						
AMOUNT						
INCOME SOURCE						

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION NECESSARY FOR VERIFICATION PURPOSES.

 (Signature of Client) _____
(Date)

COMMENTS: _____

HOUSING & ENERGY SERVICES ADVOCATE	DATA ENTRY
SIGN	SIGN
DATE	DATE