



# LORAIN COUNTY COMMUNITY ACTION AGENCY

936 Broadway Ave. | Lorain, Ohio 44052-0245 | TF (888) 245-2009 | Fax (440) 245-3085 | [www.lccaa.net](http://www.lccaa.net)

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

## Lorain County Community Action Agency Vehicle Match Program (By Car)

Contact: Robert McDonald, [rmcdonald@lccaa.net](mailto:rmcdonald@lccaa.net)  
936 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 2018 Poverty Guidelines	
Persons in Family	Poverty Guideline
1	15,175
2	20,575
3	25,975
4	31,375
For families with more than 4 persons, add 4,320 for each additional person.	

### Application Process

Interested individuals can obtain an application online at [www.lccaa.net](http://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.

# Lorain County Community Action Agency

## Vehicle Match Application (By Car)

(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				\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>Total Household Income</b>					<b>\$</b>
<b>Employer Name or School Name</b>					

***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

Program applying for (check):  
 CLTC-Tech Connect    By Car    Other: \_\_\_\_\_

Client ID # \_\_\_\_\_

### Lorain County Community Action Agency CSBG INTAKE Form

SS#: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_ Whose Phone: \_\_\_\_\_

**Gender:**  
 Female    Male

**Disabled:**  
 Yes    No

**Ethnicity:**  
 Black or African American    Asian    Native Hawaiian/Pacific Islander  
 Native American/Native Alaskan    Hispanic or Latin  
 White    Other    Multi-Race (any 2 or more above)

**Agency Site:** \_\_\_\_\_

**Client E-mail:** \_\_\_\_\_

**Education:**  
 A. 0-8    B. 9-12 (Non-Grad)  
 C. HS Grad/GED    D. 12+  
 E. 2-4 yr. Grad College

**Food Stamps:**  
 Yes    No

**Health Insurance:**  
 A. Medicaid    D. Self-Ins.  
 B. Medicare    E. None  
 C. Private    F. Unknown

**Farmer:**  
 A. Farmer  
 B. Migrant  
 C. Seasonal

**Veteran:**  
 Yes  
 No

**# In HH**

**Family Type:**  
 F. Single Par/Female    Single  
 M. Single Par/Male    Couple  
 Two Parent    Other

**Housing:**  
 Own  
 Rent  
 Homeless  
 Other

**Income Eligibility Period:**  
 A. Weekly    D. Annually  
 B. Bi-Weekly    E. 13 Weeks  
 C. Monthly    F. 3 Months  
 G. 6 Months

**Source of Income:**  
 A. Employment    C. Social Security    E. GA    G. Pension    I. Other  
 B. Unemployment    D. TANF    F. SSI/SSD    H. No Income    J. Zero Income  
 K. Refused - Only used for programs that do NOT require income verification

**Income Amount:**

**Other Household Members**  
Use codes from above ONLY for information listed below

SS#	Last Name	First Name	Date of Birth	Male/Female (M, F)	Disabled (Y, N)	Ethnicity (B, A, NHPI, NA, HL, W, O, MR)	Education (A, B, C, D, E)	Veteran (Y, N)	Health Insurance (A, B, C, D,E, F)	Income Period: (A, B, C, D, E, F, G)	Source (A, B, C, D, E, F, G, H, I,J,K)	Income Amount

Code#:	# of Units:	Date of Service:	Initials	Date
			Intake:	
			Data Entry	

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

Application must be entered into OCEAN within 10 days of signature date.



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Lorain County Community Action Agency  
**Vehicle Match Program (By Car)**

Client Name:



***Client affirms that there is no vehicle owned by and member of this client's household.***

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

\_\_\_\_\_  
LCCAA Representative Signature

\_\_\_\_\_  
Date