



LORAIN COUNTY COMMUNITY ACTION AGENCY

936 Broadway Ave. | 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: Colette Park, cpark@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 2019 Poverty Guidelines	
Persons in Family	Poverty Guideline
1	15,612.50
2	21,137.50
3	26,662.50
4	32,187.50
For families with more than 4 persons, add \$5,525 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.

Lorain County Community Action Agency

Vehicle Match Application 2019 (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

Client ID # _____

Program applying for (check): <input type="checkbox"/> CLTC-Tech Connect <input checked="" type="checkbox"/> By Car <input type="checkbox"/> Other: _____
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Lorain County Community Action Agency CSBG INTAKE Form

SS#: _____ **Last Name:** _____ **First Name:** _____
DOB: _____ **Address:** _____
City: _____ **Zip:** _____ **County:** _____
Phone #: _____ **Message Phone #:** _____ **Whose Phone:** _____

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more above)
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Agency Site: _____ **Client E-mail:** _____

Education: <input type="checkbox"/> <u>A.</u> 0-8 <input type="checkbox"/> <u>B.</u> 9-12 (Non-Grad) <input type="checkbox"/> <u>C.</u> HS Grad/GED <input type="checkbox"/> <u>D.</u> 12+ <input type="checkbox"/> <u>E.</u> 2-4 yr. Grad College	Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance: <input type="checkbox"/> <u>A.</u> Medicaid <input type="checkbox"/> <u>D.</u> Self-Ins. <input type="checkbox"/> <u>B.</u> Medicare <input type="checkbox"/> <u>E.</u> None <input type="checkbox"/> <u>C.</u> Private <input type="checkbox"/> <u>F.</u> Unknown	Farmer: <input type="checkbox"/> <u>A.</u> Farmer <input type="checkbox"/> <u>B.</u> Migrant <input type="checkbox"/> <u>C.</u> Seasonal
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Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	# In HH _____	Family Type: <input type="checkbox"/> <u>F.</u> Single Par/Female <input type="checkbox"/> Single <input type="checkbox"/> <u>M.</u> Single Par/Male <input type="checkbox"/> Couple <input type="checkbox"/> <u>T</u> wo Parent <input type="checkbox"/> <u>O</u> ther	Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Income Eligibility Period: <input type="checkbox"/> <u>A.</u> Weekly <input type="checkbox"/> <u>D.</u> Annually <input type="checkbox"/> <u>B.</u> Bi-Weekly <input type="checkbox"/> <u>E.</u> 13 Weeks <input type="checkbox"/> <u>C.</u> Monthly <input type="checkbox"/> <u>F.</u> 3 Months <input type="checkbox"/> <u>G.</u> 6 Months
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Source of Income: <input type="checkbox"/> <u>A.</u> Employment <input type="checkbox"/> <u>C.</u> Social Security <input type="checkbox"/> <u>E.</u> GA <input type="checkbox"/> <u>G.</u> Pension <input type="checkbox"/> <u>I.</u> Other <input type="checkbox"/> <u>B.</u> Unemployment <input type="checkbox"/> <u>D.</u> TANF <input type="checkbox"/> <u>F.</u> SSI/SSD <input type="checkbox"/> <u>H.</u> No Income <input type="checkbox"/> <u>J.</u> Zero Income <input type="checkbox"/> <u>K.</u> Refused – Only used for programs that do NOT require income verification	Income Amount: _____
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Other Household Members						
Use codes from above <u>ONLY</u> for information listed below						
SS#						
Last Name						
First Name						
Date of Birth						
Male/Female <small>(M, F)</small>						
Disabled <small>(Y, N)</small>						
Ethnicity (B, A, NHPI, NA, HL, W, O, MR)						
Education <small>(A, B, C, D, E)</small>						
Veteran <small>(Y, N)</small>						
Health Insurance <small>(A, B, C, D, E, F)</small>						
Income Period: <small>(A, B, C, D, E, F, G)</small>						
Source (A, B, C, D, E, F, G, H, I, J, K)						
Income Amount						

Code#:													Initials	Date
# of Units:													Intake:	
Date of Service:													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.