



# LORAIN COUNTY COMMUNITY ACTION AGENCY

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

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

### 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 be a student to participate. In order to qualify, the applicant cannot have a car in their name for at least 30 days and no member of the applicant's household can own a car. The applicant must have an income below 200% of the federal income guidelines. An *income-eligibility* chart is provided below:

The 2022 Income Guidelines	
Persons in Family	200% Income Guideline
1	27,180
2	36,620
3	46,060
4	55,500
For families with more than 4 persons, add \$4,720 for each additional person.	

### Application Process

Interested individuals can obtain an application online at [www.lccaa.net](http://www.lccaa.net) (see By Car under Programs tab).

Required forms include:

- By Car Statement
- CSBG Intake form

Required documentation to verify eligibility includes:

- Valid Ohio Driver's License
- Confirmation that you have funds available to participate
- Proof of income
  - Pay stubs or appropriate documentation for total household income for the last 30 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.
- Copy of Your Current Class Schedule (12+ credit hours)
- Copy of Social Security cards for each member of the household.

Once all documents are received they will be reviewed for eligibility. If eligible, a Financial Literacy program will be completed by participant through LCCAA and further information to complete the program will be given at that time.



## Customer Intake Application

<b>Client Number:</b>	<b>Agency:</b>	<b>Application Date:</b>
	Lorain County Community Action Agency	
<b>Primary Applicant First Name</b>	<b>M.I.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Gender</b>
___/___/___	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
<b>Household Information:</b>		
<b>Household Size:</b>	<b>Family Type</b>	<b>Building Type</b>
	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)
<b>Housing Status</b>		
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other		
<b>Customer Address:</b>		
<b>Current Service Address:</b>	<b>Apartment/Lot/Unit Floor:</b>	
<b>Current Mailing Address (if different from above):</b>	<b>Apartment/Lot/Unit Floor:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b> <b>County:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Preferred method of contact?</b>		
<b>Primary Applicant Demographic Information:</b>		
<b>Ethnicity</b>	<b>Race</b>	<b>Education</b>
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
<b>Client Disabled?</b>	<b>Military Status</b>	<b>Is Client a US Citizen?</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
<b>Work Status</b>	<b>Health Insurance Type</b>	<b>Non-Cash Benefits</b>
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

**Additional Household Members:**

<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Gender</b>
___/___/____	__/__/____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
<b>Ethnicity</b>	<b>Race</b>	<b>Education</b>
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
<b>Client Disabled?</b>	<b>Military Status</b>	<b>Is Client a US Citizen?</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
<b>Work Status</b>	<b>Health Insurance Type</b>	<b>Non-Cash Benefits</b>
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Gender</b>
___/___/____	__/__/____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
<b>Ethnicity</b>	<b>Race</b>	<b>Education</b>
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
<b>Client Disabled?</b>	<b>Military Status</b>	<b>Is Client a US Citizen?</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
<b>Work Status</b>	<b>Health Insurance Type</b>	<b>Non-Cash Benefits</b>
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

**Countable Income Information**

Customer Name:	Total Amount Received	Period Received (30, 90 or 365 days)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Income Category:		Frequency:	Total Amount:
<input type="checkbox"/> Fixed	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> SSA <input type="checkbox"/> Pension <input type="checkbox"/> Window/Widower's benefit <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Earned	<input type="checkbox"/> Wages <input type="checkbox"/> Self-employment <input type="checkbox"/> Active Military Pay <input type="checkbox"/> Ohio Electronic Child care	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Cash withdraws from: IRA, Annuities, Other investments <input type="checkbox"/> Lump sum payout from: SSI, SSDI, Estate & Trust settlements, Divorce settlements, insurance payout, lotter winnings <input type="checkbox"/> Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> None			\$ _____
<b>Total:</b>			\$ _____

<b>Deductions:</b>		
Deductible Income:	Frequency:	Total Amount:
<input type="checkbox"/> Health Insurance Premiums <input type="checkbox"/> Health Care Spending Accounts <input type="checkbox"/> Medicaid Spend Down (deductibles) <input type="checkbox"/> Medicare Part D (RX premium) <input type="checkbox"/> Child Support paid-out <input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<b>Total Household Income (Countable Income – Deductions)</b>		\$ _____
<b>Federal Poverty Level:</b>		_____ %

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: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 07/30/2020

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

**Applicant Statements**



By completing the statements below, the applicant indicates that information provided is accurate and complete:

Are you a current LCCAA Employee or are you related to any LCCAA Employees or Board Members?

Yes                      No                      If yes, please explain relationship \_\_\_\_\_

Name of School and/or Employer \_\_\_\_\_

How many credit hours are you enrolled? \_\_\_\_\_

- And/Or -

How many hours do you work on average? \_\_\_\_\_

**Applicant affirms that there is no vehicle owned by any member of this client's household within the last 30 days.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Please print)