

JUMP START DULUTH APPLICATION

Thank you for your interest in the Jump Start Duluth Program. To apply for the Jump Start Duluth program please fill out the attached application. If you have questions or concerns regarding the program and/or need assistance in completing the application, or obtaining the requested verifications, please contact Jenny at Community Action Duluth (218) 726-1665 X 220.

What are the program requirements?

- Live, work, attend school, or worship in St. Louis County
- Have a steady source of income from employment and the ability to make monthly payments vehicle payments (between \$200 and \$230 a month)
- Be able to afford full coverage car insurance (on average between \$50 - \$120 a month)
- Able to provide a minimum down payment of at least \$500
- Able to meet basic credit standards or be working to repair credit
- Have a current valid driver's license
- Income within (at or under) program guidelines
- No outstanding judgements, child support arrears, default student loans; repossessions or bankruptcies in last year

TO APPLY, PLEASE SUBMIT THE FOLLOWING ITEMS:

- A completed Jump Start Duluth Program Application
- A signed Release of Information (form can be found on the web site)
- A completed Monthly Family Budget (form can be found on the web site)

AS PART OF YOUR PROGRAM APPLICATION, PLEASE PROVIDE THE FOLLOWING ITEMS:

- A copy of your current Driver's License;
- Previous two months' pay stubs showing year-to-date income

IF THE FOLLOWING APPLY TO YOUR SITUATION, PLEASE ALSO PROVIDE:

- Housing subsidy (HRA, Section 8, etc) Award Letter
- Written verification of Public Assistance, Food Support, MFIP etc
- Written verification of Child Support, subsidized Day Care, etc
- Written verification of Social Security, SSI, etc.
- Other sources of household income

You may fill out your application online at: www.communityactionduluth.org/jumpstart

The completed application, budget sheet, release of information and verifications can be printed out and mailed , faxed or dropped off at the address shown below, Attn Jenny:

Fax: 726-1612

Email: jenny@communityactionduluth.org

**Community Action Duluth
2424 W 5th Street, Ste. 102
Duluth, MN 55806**

Today's Date

JUMP START DULUTH PROGRAM APPLICATION

MAIN APPLICANT INFORMATION: PLEASE PRINT CLEARLY

First, Last and Middle Name _____ Main Phone _____
 Address _____ E-mail _____
 City _____ State _____ Zip Code _____ SSN _____
 Own Rent Date of Birth _____

How would you describe your Race? White Asian Black/African American Native Hawaiian/Pacific Islander
This Question is Optional American Indian/Native Alaskan Multi Racial Other _____

Would you describe your Ethnicity as Hispanic/Latino? Yes NO Do you Live, Work, Worship, or go to School in St. Louis County? Yes NO
This Question is Optional Address of place of worship _____

Length of time at current address: _____

If less than one year at this address, please list previous address(es) held in that year:

1. _____

Current Education Lvl

CURRENT EMPLOYER (Main Applicant):

Please list school attending if still enrolled: _____

Employer _____ Employment Start Date _____
 Job Title/Position _____ How often are you paid _____
 Address _____ Office Phone _____
 Hourly Wage/Salary _____ Average Hours per Week _____
 Monthly Income

OTHER/ADDITIONAL EMPLOYMENT/INCOME

Employer _____ Employment Start Date _____
 Job Title/Position _____ Office Phone _____
 Address _____
 Hourly Wage/Salary _____ Average Hours per Week _____
 Monthly Income

PREVIOUS EMPLOYER (if less than 6 months with current employer:)

Employer _____ Employment start/end dates _____
 Job Title/Position _____ Office Phone _____
 Address _____
 Hourly Wage/Salary _____ Average Hours per Week _____

Please check any of the following that apply and note the amount received per month:

- Cash Assistance/MFIP \$ _____
- Child Support \$ _____
- Social Security \$ _____
- Childcare Assistance \$ _____
- Food Support \$ _____
- MA/MN Care \$ _____
- Housing Assistance \$ _____
- Other \$ _____

MAIN APPLICANT **TOTAL MONTHLY EARNED INCOME**

MAIN APPLICANT **TOTAL MONTHLY OTHER INCOME**

MAIN APPLICANT **TOTAL OVERALL MONTHLY INCOME**

FAMILY INFORMATION

of Adults in Household (include yourself) _____ # of Children in Household _____ For each child please list Name, Age, D.O.B, and Race in the space below

Child 1:

Child 2:

Child 2:

Child 4:

If more than one adult is applying for the program, and/or you are married, please complete the Co-Applicant Information below...
If only one adult is applying, please skip to the Relatives section...

CO- APPLICANT INFORMATION

First, Last and Middle Name _____ Relationship to the Client _____
Date of Birth _____ Main Phone _____
SSN _____ Drivers Licence Number _____

CURRENT EMPLOYER (Co- Applicant):

Employer _____ Employment Start Date _____
Job Title/Position _____ How often are you paid _____
Address _____ Office Phone _____
Hourly Wage/Salary _____ Average Hours per Week _____
Monthly Income

OTHER EMPLOYMENT/INCOME (Co-Applicant)

Employer _____ Employment Start Date _____
Job Title/Position _____ Office Phone _____
Address _____
Hourly Wage/Salary _____ Average Hours per Week _____ Monthly Income

CO- APPLICANT **TOTAL MONTHLY EARNED INCOME**

CO-APPLICANT **TOTAL MONTHLY OTHER INCOME**

CO-APPLICANT **TOTAL OVERALL MONTHLY INCOME**

RELATIVES

Please list two relatives, not living with you that you are in contact with most frequently

Full Name	_____	Relationship	_____
Address	_____	Main Phone	_____
City	_____	State	_____
	_____	Zip Code	_____

Full Name	_____	Relationship	_____
Address	_____	Main Phone	_____
City	_____	State	_____
	_____	Zip Code	_____

CREDIT HISTORY Please check all that apply

- I have filed bankruptcy in the last five years
- I have had a foreclosure in the last seven years
- I have outstanding judgements
- I have had a car repossessed
- I have a current bank account
- I have items in collections

Please list the year, make, model and millage of any current vehicle(s) _____

How much money do you have in savings that is not designated for other bills? _____

How much money do you have in checking that is not designated for other bills? _____

How much of a down payment would you be able to make? _____

How did you hear about Jump Start Duluth?

- If you do not have an email address would you like help setting up an email account? Yes NO
- Would you like to receive agency news via email? Yes NO
- Would you like to receive periodic action alerts on anti-poverty issues? Yes NO
- Would you like to be added to our print newsletter list? Yes NO

I certify that the information provided throughout this application is true and correct to the best of my knowledge. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine eligibility.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

JUMPSTART DULUTH Applicant/Co Applicant's Name: Please list full first, middle and last name(s)

Driver's License Information
Issue date:
Expiration date:
State:
License number:

Driver's License Information
Issue date:
Expiration date:
State:
License number:

Are you subject to back up withholding?

Yes

No

Are you a US citizen?

Yes

No

Do you currently have any outstanding judgements, filed for bankruptcy, had a debt adjustment plan confirmed under chapter 13, had property foreclosed upon or repossessions in the last 7 years, or been a party in lawsuit?

Yes

No

Is your income likely to decline in the next two years?

Yes

No

Are you a co-maker, co-signor or guarantor on any loan?

Yes

No