



www.womenwithdrive.org

Women With Drive Foundation Participant Application

Thank you for applying for the WWDF transportation program. If approved, you will be provided with an automobile at a price far below fair market value (usually the cost of tax, title and administrative fees). In exchange, you will participate in an in-depth assessment that covers various aspects designed to reveal your specific barriers to independence. Once the assessment has been processed and your needs identified, you, your case management/support team and a WWDF representative will build a one year plan to address the gaps in your skill set. **From this guideline, you will be an active partner in your success and commit to following the year-long program.** Please be as clear as possible when filling this out.

Women With Drive Foundation does not accept applications directly. **All applications must be submitted through a sponsoring agency.** You may download this as a PDF, print it out and have a sponsoring agency complete their required information. For a list of sponsoring agencies or if you have any further questions, please contact us via email at wwithdr1ve@gmail.com, putting "APPLICATION REQUEST" in the subject line. **WE DO NOT ACCEPT TELEPHONE CALLS.**

You must meet the following conditions in order to qualify for the program:

- You must have a job or verifiable job offer.
- You must be insurable. No DWIs or DUIs on your driving record.
- You must not have any other vehicle in the household OR access to a vehicle.
- You must be drug free and no extensive criminal background.
- Able to pay for your insurance and fees for taxes, registration and title upon acceptance of vehicle.
- Must be 18 years old. Applicants under the age of 25 must have parental responsibilities.
- Upon accepting a car from WWDF, you also accept responsibility as the sole driver of the car.
NO OTHER INDIVIDUALS ARE ALLOWED TO DRIVE THE CAR.

DATE: _____

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____

EMAIL: _____

7. Please list three references* who are NOT related to you:

a. _____ amount of time known _____

ADDRESS, PHONE: _____

b. _____ amount of time known _____

ADDRESS, PHONE: _____

c. _____ amount of time known _____

ADDRESS, PHONE: _____

*Please attach copies of their letters (one from each) of reference to this application. Once completed, please return the application to your case management staffer. If you have been chosen as a program participant, you will receive confirmation through your case management representative . All applications will be held on file for one year from date you apply. **NOTE: DUE TO THE VOLUME OF REQUESTS WE RECEIVE, INCOMPLETE APPLICATIONS WILL NOT BE RETURNED OR ACKNOWLEDGED. PLEASE MAKE SURE THEY ARE FILLED OUT, INCLUDING REFERENCES, BEFORE SENDING THEM IN.**

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