



## Securing Help in Family Transportation

### PROGRAM DESCRIPTION

SHIFT (Securing Help for Family Transportation) is a Financial Empowerment program that assists low income, working families to achieve long term financial stability goals. The purpose of the SHIFT program is to provide a vehicle to working families, while covering the financial burden of car repairs and maintenance, so that they will be able to become more financially stable. Participants in the SHIFT Project receive financial and career coaching, along with a reliable vehicle, regardless of their income level and credit score.

Families who are chosen to participate in the SHIFT program do not need to pass a credit check to qualify an, do not pay interest or bank fees on the vehicle. Participants will pay a minimal down payment of \$400 upfront along with affordable program payments of \$220 for 3 years. For the first 24 months, the SHIFT program will pay 100% of any maintenance and repair that is needed to keep the vehicle safe and running. After the participant completes 3 full years of program payments, the vehicle is gifted to them.

SHIFT vehicles are 4 door sedans.

Participants in the SHIFT program agree to;

- Create goals to improve their income and work with a Financial/Job Coach for support and guidance to help them reach those goals
- Update information regarding address, employment, income, expenses and progress toward their goals if there are any changes and when requested by program coordinators
- Pay program fees on time and maintain insurance on the vehicle
- Take the vehicle to SHIFT approved shops for repairs and maintenance

### ELIGIBILITY

Before applying, please make sure that you meet all of the following criteria:

- ✓ Employment for at least 4 months – all applicants must have income from employment
- ✓ Live in Maricopa County
- ✓ A working phone number, valid address and email
- ✓ At least one minor child living at home
- ✓ Income under 80% of the AMI
  - Family of 2 – \$40,250
  - Family of 3 – \$45,300
  - Family of 4 – \$50,300
  - Family of 5 – \$54,350
- ✓ Ability to afford a 24 month car payment, full coverage insurance, and registration
- ✓ A valid Arizona Driver's License and a driving record the reflects minimal risk to the vehicle
- ✓ Housing stability
- ✓ Motivation to improve financial situation
- ✓ US Citizenship
- ✓ Money for \$400 down payment, full coverage insurance and registration

## **APPLICATION PROCESS**

All applications must include the following items:

- Completed Application
- Verification of at least 1 child living at residence (example - Federal Tax Return or Public Assistance letter listing child(ren))
- Verification of address in Maricopa County (example - rental agreement, utility bill or bank statement with current address)
- Verification of Income matching the information listed in the financial analysis portion of the application
  - Four months of paystubs, child support and any other additional income
  - One month utility bill and rent/mortgage/shelter fee
- Copy of Driver's License
- Letter of Recommendation - Applicants are required to submit at least one letter of recommendation

### **Step 1 - Apply**

Applicants who wish to be considered are required to submit their applications by fax, mail or in person, with all required materials, to LCSA. Although applications are accepted all year. They are reviewed based on funding and availability of vehicles.

### **Step 2 - Interview**

Completed applications are reviewed to determine eligibility. Interviews are by invitation only and are based on evidence supportive of eligibility, risk, stability and financial goals. Applicants will be notified by email or phone if they will be moving on to the Interviewing process. Decisions are generally made within one month of the interview.

### **Step 3 – Acceptance**

Applicants are extended acceptance to the program based on the qualitative and quantitative data gathered from the application, interview process, and completion of all application requirements. Multiple criteria are used to select the most qualified candidates from an applicant pool that exceeds the number of vehicles available.

Once a buyer is selected, they will need to complete a financial fitness workshop if they have not completed one within 6 months of the date of the application. There can be up to a 3- 6 month wait for a vehicle. Once a vehicle is offered, proof of full coverage insurance is required. If the buyer does not accept the vehicle offered, they will need to wait until all other buyers are connected with a vehicle before another offer is extended

Submit the application by fax, email or mail to:

Susan Gitell - LCSA SHIFT Coordinator  
3117 North 16<sup>th</sup> Street, Suite 100 Phoenix, AZ 85016  
Phone: (602)263-5741, Fax: (602)263-0815  
[sue@lcsaphx.org](mailto:sue@lcsaphx.org)



## S.H.I.F.T.

### Application

Name of Applicant \_\_\_\_\_

Please check the following that apply (All of the following must apply to be eligible for the program):

- I have been employed for at least 4 months – all applicants must have income from employment
- I live in Maricopa County
- I am a US Citizenship
- I have a working phone number, valid address and email
- I have at least one minor child living at home
- My income is under 80% of the AMI
  - Family of 2 – \$40,250
  - Family of 3 – \$45,300
  - Family of 4 – \$50,300
  - Family of 5 – \$54,350
- I am able to afford a \$200 monthly program payment, full coverage insurance, and gas
- I am able to pay the \$400 down payment, full coverage insurance and registration, once matched with a vehicle
- I have a valid Arizona Driver's License and a driving record that reflects minimal risk to the vehicle and no outstanding warrants
- I have stable housing
- I am motivated to set goals to improve my family's financial situation and work toward those goals
- I am willing to provide a copy of the applicant's Social Security Card and credit report will need to be provided upon acceptance into the program and updates and information as requested throughout my participation in the program

Please check that all of the following required items are included with your application:

- Completed Application
- Verification of at least 1 child living at residence (example - Federal Tax Return or Public Assistance letter listing child(ren))
- Verification of address in Maricopa County (example - rental agreement, utility bill or bank statement with current address)
- Verification of Income matching the information listed in the financial analysis portion of the application
  - Four months of paystubs, child support and any other additional income
  - One month utility bill and rent/mortgage/shelter fee
- Copy of Driver's License
- Letter of Recommendation - Applicants are required to submit at least one letter of recommendation

**REFERRAL INFORMATION**

Referred by \_\_\_\_\_  
Name Agency

How did you hear about the SHIFT Program? \_\_\_\_\_

**APPLICANT INFORMATION**

Applicants Name: \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_

Phone # : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Applicant Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

**FAMILY SIZE:**

Please list everyone who lives in your household.

	Name	Age	Relationship to applicant	Race
1.			Self	
2.				
3.				
4.				
5.				

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Tel #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**HOUSING:**

Own \_\_\_\_\_ Rent \_\_\_\_\_ Shelter \_\_\_\_\_ Live with Friends or Family \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Are You Currently in School? Y / N

Last Addresses:

(1): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Other States that you have lived in in the last 10 years \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Hourly rate/Salary: \$ \_\_\_\_\_ Hours per week: \_\_\_\_\_

Do you get benefits \_\_\_\_\_

Previous/Secondary Employer \_\_\_\_\_ Last Date of Employment \_\_\_\_\_

How long on the job? \_\_\_\_\_ Hourly rate/Salary: \$ \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

**VEHICLE/DRIVING HISTORY**

Do you currently own a vehicle? \_\_\_\_\_ if yes, is it working? \_\_\_\_\_

If you don't currently own a vehicle, have you owned one in the past? \_\_\_\_\_ *if yes, what happened to the vehicle?* \_\_\_\_\_

Do you have many outstanding traffic tickets or have you been in any major accidents?

If yes, please explain.....

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Are you currently required to install an Interlock device into your vehicle?

If yes, please explain why...

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## FINANCIAL ANALYSIS FOR PROGRAM QUALIFICATIONS

<b>Monthly Income (NET/TAKE HOME)</b> <small>*** Make sure that paystubs and other documentation supports the amounts listed</small>	Head of Household	Spouse	Individuals Living in the Household ages 18 and over.	Total
Earned Income (wages) <i>List your Average <u>Net</u> Income – this is your take home pay after deductions. Make sure that your paystubs and other documentation matches your entry</i>				
Social Security Benefits				
Child Support				
TANF				
Other (Specify) _____				
<b>Total Monthly Household Income:</b>				

Verified income amount (For Office Use Only) \_\_\_\_\_

<b>Monthly Expenses &amp; Obligations</b>	
Rent	
If you are in a subsidized housing program, please explain when will your rent be increasing and by how much.	
Mortgage (including homeowner's insurance & taxes)	
Total Utilities (Electric, Water, Sewer, Gas)	
Estimate of Auto Insurance	
Food Stamp amount _____ Enter the food amount that you spend in addition to food stamps → If you do not get Food Stamps please put the total amount that you spend on food →	
Telephone	
Child Care	
Medical/Dental	
Child Support	
Cable/Internet	
Other (specify): _____	
<b>Total Monthly Expenses and Obligations:</b>	
<b>TOTAL MONTHLY DISPOSABLE INCOME</b> (Monthly Income – Monthly expenses)=	

Verified expense amount (For Office Use Only) \_\_\_\_\_

Verified disposable income (For Office Use Only) \_\_\_\_\_

I certify that all the information on the application, including income and expenses have been disclosed and are correct to the best of my (our) knowledge. Please Sign and date \_\_\_\_\_

## REFERENCES

Please list two **local** references:

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Name	Address	Zip
Phone	Relationship to You	

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Name	Address	Zip
Phone	Relationship to You	

## CREDIT AND BANKING

Do you have a checking account?

Do you have a savings account?

How much do you currently have in savings?

What is your current credit score?

Would you like to improve your credit?

How much bad debt do you currently have?

How would you be making your monthly payment?

- Check
- Bill Pay
- Money Order
- Phone (\$5 charge)

## **EXPLANATION OF FINANCIAL SITUATION AND GOALS**

Explain your current financial situation and why you are applying for the SHIFT Project.

What are your financial goals?

What are your career goals?

What is keeping you from reaching your goals?

What do you need to overcome these barriers to reach your goals?

How will having a reliable vehicle improve your financial situation?



**AUTHORITY TO RELEASE INFORMATION**

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Tel. Number: (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

I hereby authorize the following Labor's Community Service Agency staff member(s) to contact my employer(s), emergency contact(s) and appropriate person(s) in order to verify my employment and housing information as it pertains to eligibility and participation in Project S.H.I.F.T. This release form is valid during the time that I have am applying for the SHIFT Project and/or have an outstanding balance on a SHIFT vehicle:

Person: Current SHIFT Coordinator

Person: Current SHIFT Manager

Address: 3117 N. 16<sup>th</sup> St., Ste. 100  
Phoenix, AZ 85016

Address: 3117 N. 16<sup>th</sup> St., Ste. 100  
Phoenix, AZ 85016

Email: sue@lcsaphx.org

Email: Jake@lcsaphx.org

Phone: (602) 263-5741

Phone: (602) 263-5741

Fax: (602) 263-0815

Fax: (602) 263-0815

**INFORMATION REQUESTED**

- ✓ Employment
- ✓ Income
- ✓ Address
- ✓ Insurance Coverage

- ✓ Auto Issues
- ✓ Driving record information

- ✓ Other \_\_\_\_\_

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand it is my right to request a copy of all relevant information.

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

\_\_\_\_\_  
Date