CAR REPAIR, INSURANCE & LICENSING ASSISTANCE GUIDELINES:

- MUST BE A RESIDENT OF ANOKA COUNTY MN
- Must be enrolled in MFIP or DWP and actively participating with employment services
- Must be in compliance and meet participation hours’ requirement for at least 30 days or verified employment
- Must have a valid Minnesota driver’s license
- Vehicle must be registered in your name
- Must have proof of insurance (if applying for repairs)
- Up to $700 transportation grant for car repairs, insurance (up to 2 months on existing policy or on a down payment for a new policy) or vehicle registration
- Program eligibility - once every five years
- All grants must be preapproved. No reimbursements.

VERIFICATION CHECKLIST:

Please submit the application and the following documents to the 2nd floor reception desk at the Blaine Human Service Center, or via fax, mail, or email to irina.astashinsky@co.anoka.mn.us

Fill out and sign ALL pages of application.

☐ Copy of driver’s license (showing current address) and/or the yellow DMV receipt
☐ Copy of Title of Vehicle or proof of ownership – vehicle must be registered in your name
☐ Copy of insurance card
☐ Copy of your insurance bill (if applying for help with car insurance) or three quotes from local insurance agencies (if applying for help to start a new policy). Please call transportation coordinator if assistance is needed finding a local insurance provider.
☐ Copy of tabs bill (or print out from DMV) if applying for assistance with tabs/title transfer
☐ Copy of Pay Stubs for the last 30 days (if employed) or proof of other income

Once you submit your application, you will have 30 DAYS to supply all required documents. If after 30 days, you have not supplied the required documents your request for service will be denied based on insufficient information.

LIST OF REPAIRS WE MAY BE ABLE TO HELP WITH:

- Tires
- Exhaust (case by case basis)
- Suspension (shocks, struts, tie rods, ball joints, etc.)

- Alternator
- Axels (case by case basis)
- Brakes (shoes, pads, drums, rotors)

- Battery
- Windshields or other glass
- Minor oil leaks (valve cover gaskets, oil pan, etc.)

- Belts
- Wheel bearings
- Power steering hoses (case by case basis)

- Water pump
- CV boots and joints

We are NOT able to assist with non-running vehicles, transmissions, engines and other major repairs.
Anoka County Transportation Solutions Program
Partnership between Anoka County and ACCAP

Name (Print) ____________________________ Maxis Case: ____________________________
Address: ________________________________
City,ST,Zip ________________________________
Phone # ____________________________ Cell Phone # ____________________________
Email: ____________________________ Other contact: ____________________________

List the people who live in your home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
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<tbody>
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<td>1.</td>
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<td>SELF</td>
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1) Are you currently receiving Public assistance through MFIP/DPW □ Yes □ No
If yes, are you currently in sanction? □ Yes □ No

2) Do you have a valid MN driver's license? □ Yes □ No

3) Transportation Assistance needed? □ Car Repair □ Insurance □ Vehicle Registration/Tabs
   Is your car drivable □ Yes □ No

4) **What income do you have?**

   **Present**
   
   Employer: ____________________________ Date: ____________________________
   Phone: ____________________________ How many hours per week do you work? ________
   Hourly Wage $ __________________

   **Spouse (significant other) Present**
   
   Employer: ____________________________ Date: ____________________________
   Phone: ____________________________ How many hours per week do you work? ________
   Hourly Wage $ __________________

   **Other Income:** MFIP/DWP $ ________ Food Support $ ________ UI/WC $ ________ Child Support $ ________
   SSI/RSDI $ ________ (who receives ________ ) Other $ ________

5) **Monthly expenses:** Housing (Rent/Mortgage) $ ________ Utilities (Gas/electric/water) $ ________ Phone $ ________

6) Are you looking for work? □ Yes □ No Number of hours per week: ____________________________

   Is your spouse looking for work? □ Yes □ No Number of hours per week: ____________________________

7) Does anyone have any bank accounts? □ Yes □ No If yes, amount in bank accounts $ ________

8) **Cars in the household:**

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<th>Year</th>
<th>Make</th>
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   **For Car Repair, describe vehicle problem:**

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

My signature acknowledges that the information provided is correct, true and complete.

Applicant's Signature: ____________________________ Date: ____________________________
Anoka County Transportation Solutions Program
Partnership between Anoka County and ACCAP

ACCAP (Transportation Coordinator), 1201 89th Ave., Suite 230, Blaine MN 55434 Phone 763-324-2318 Fax 763-324-2294

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION and Permission to Verify Application

I ________________________________, permit ACCAP (Anoka County Community Action Program) to share and verify information about me to determine what benefits I may be eligible for. By signing this Authorization, I agree that ACCAP may share and receive information from the individuals or organizations that I authorize, which may include ongoing communication.

ACCAP is authorized to share with and receive information from:
• Anoka County Economic Assistance Department
• Anoka County Job Training Center
• Victory Auto Service & Glass
• My employer ________________________________
• Anoka County License Bureau ________________________________
• Car insurance company ________________________________
• Garage ________________________________
• Other: ________________________________ (Must specify)

Data that may be shared includes all information necessary to determine need and eligibility for programs administered by ACCAP and may include, but is not limited to:
• What help ACCAP may give me.
• Information about help the ACCAP gives me now.
• The amount the ACCAP may pay them.

This data is private. The ACCAP may only give this information with my written permission, unless state or federal law allows them to release data about me without my permission. I understand I may refuse to release this data. If I refuse, the ACCAP may be unable to give me the assistance requested. The ACCAP will use the information from this authorization to verify that the information I provided on the application is correct, true and complete.

I hereby authorize ACCAP to release and exchange information pertaining to my applications and eligibility for programs/services they administer for the purpose of evaluating my need for assistance. This Authorization is valid for one year from the date I sign it, unless I specifically revoke the Authorization in writing.

______________________________  __________________________
Signature of person authorizing release                   Date

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.