

# Good News Garage



A member of Ascentria Care Alliance



Thank you for your interest in the Good News Garage JumpStart Program. This program is available for qualified applicants who are currently employed or have a verifiable job offer and meet the income requirements (see attached). We recommend that you review the JumpStart overview and qualifications prior to completing and submitting application. To be considered for repair assistance, all conditions must be met.

Please complete the application and return it to your local Good News Garage office:

**New Hampshire and Massachusetts residents:**

Attn: Amber Raby  
340 Granite Street, 3<sup>rd</sup> Floor  
Manchester, NH 03102  
Phone: 603.669.6937  
Fax: 603.626.7763  
Email: araby@ascentria.org

**Vermont residents:**

Attn: JumpStart  
331 North Winooski Avenue  
Burlington, VT 05401  
Phone: 802.864.3667  
Fax: 802.864.6033  
Email: info@goodnewsgarage.org

In addition to your application, **please include the following with your completed application:**

- Copy of your driver's license
- Copies of recent pay stubs for the previous month. Include pay stubs for all jobs and all adults in the household
- Estimate of necessary repairs signed by certified mechanic.

After reviewing your application if we determine that we are unable to help you, you will be notified.

**Failure to complete the application in a thorough manner will prolong the application process or potentially disqualify the applicant.**

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## JumpStart Repair Program Application

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Work location: \_\_\_\_\_

Number of hours working per week (for your all jobs): \_\_\_\_\_

Household size: Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages: \_\_\_\_\_

If second adult in the house:

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

Driver's License Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Work location: \_\_\_\_\_

Number of hours working per week (for all jobs): \_\_\_\_\_

Please explain how receiving a JumpStart repairs will assist you and your family (feel free to  
handwrite or attached a typed document if preferred):

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If there is more information which you feel is relevant towards you obtaining a JumpStart repairs, please explain on another sheet of paper.

***I certify that all of the information above is true and verifiable. I understand that to participate in this program application information may be verified by or discussed with other agencies, employers, caseworkers and/or references. I give Good News Garage permission to do so, if necessary.***

APPLICANT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Commuting Worksheet

Please describe your current commute to work. If your situation requires travel to multiple sites (job, school, childcare, etc.), please include this information. Document your most challenging/difficult days.

**My home address:** \_\_\_\_\_

**My work address is:** \_\_\_\_\_

**My childcare address is:** \_\_\_\_\_

**I begin my commute at (time) \_\_\_\_\_:\_\_\_\_\_ am / pm.**

**I commute TO work by (check all that applies):** \_\_\_\_\_ WALKING \_\_\_\_\_ BUS \_\_\_\_\_ TAXI

\_\_\_\_\_ OTHER (describe: carpool, family member, bike, etc.)

**I arrive at work by (time) \_\_\_\_\_:\_\_\_\_\_ am / pm**

**I leave work at (time) \_\_\_\_\_:\_\_\_\_\_ am / pm**

**I commute FROM work by (check all that applies):** \_\_\_\_\_ WALKING \_\_\_\_\_ BUS \_\_\_\_\_ TAXI

\_\_\_\_\_ OTHER (describe: carpool, family member, bike, etc.)

**I arrive home at (time) \_\_\_\_\_:\_\_\_\_\_ am / pm**

**Include any additional commuting information you'd like to share:**

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**Applicant name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Vehicle Condition Report

To complete the application, we must verify the status of your current vehicle. A certified mechanic must complete the information at the bottom and provide a written estimate for repairs.

**Applicant name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Address/City/State/Zip:** \_\_\_\_\_

**Vehicle Year/Make/Model:** \_\_\_\_\_ **Mileage:** \_\_\_\_\_

**Vin #:** \_\_\_\_\_ **Is the vehicle registered?** Yes No

**Is there a valid title for this vehicle?** Yes No **Is the vehicle insured?** Yes No

**Has your vehicle passed inspection within the last year?** Yes No  
If not, please explain: \_\_\_\_\_

**Do you feel this vehicle is safe to drive?** Yes No

If not, please explain: \_\_\_\_\_

**Is the car currently being driven?** Yes No

***\*This section to be completed by certified mechanic:***

**Name of garage:** \_\_\_\_\_ **Mechanic:** \_\_\_\_\_

**Garage address:** \_\_\_\_\_

**Garage phone:** \_\_\_\_\_ **Inspection facility #:** \_\_\_\_\_

**Describe body condition of vehicle:** \_\_\_\_\_

**Describe necessary vehicle repairs:** \_\_\_\_\_

**Estimated repair cost (attach written estimate):** \_\_\_\_\_

**Based on my evaluation, it is my opinion that this vehicle (check one):**

Is NOT worth repairing \_\_\_\_\_ IS worth repairing \_\_\_\_\_ (please attach written estimate)

**Signature of mechanic:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Sponsorship Form

Good News Garage (GoodNewsGarage.org) is a “Wheels to Work” car donation program that provides vehicle repair assistance to working individuals or those with a verifiable job offer. Every application for JumpStart must include a “sponsor” who can validate the individual’s situation (supervisor, boss or other manager from your job; caseworker from a human services agency; minister or representative of a faith-based organization; etc.).

**You have been asked to serve as a sponsor for the individual below.** To process this application, we request that you complete and return this information in a timely manner. If you have any questions, please contact us. Thank you!

**Date:** \_\_\_\_\_ **Applicant name:** \_\_\_\_\_

**Sponsor name:** \_\_\_\_\_

**Sponsor address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day phone:** \_\_\_\_\_ **Night phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Your current position or relationship to applicant (cannot be a relative):**

\_\_\_\_\_

**I have known the applicant for** \_\_\_\_\_ **months or** \_\_\_\_\_ **years**

**I know the applicant in the following ways (please describe all):**

\_\_\_\_\_

\_\_\_\_\_

**Briefly describe how or why the individual named above would benefit by receiving vehicle assistance from Good News Garage (handwrite below or type and attach a statement):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Sponsor name (print): \_\_\_\_\_

Sponsor signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return completed form to:

**New Hampshire or Massachusetts applicants:**

Good News Garage

Attn: Amber Raby

340 Granite Street, 3<sup>rd</sup> Floor.

Manchester, NH 03102

Phone: 603.669.6937 Fax: 603.626.7763

Email: araby@ascentria.org

**Vermont applicants:**

Good News Garage

Attn: Eva St. Andrews

331 North Winooski Avenue

Burlington, VT 05401

Phone: 802.864.3667 Fax: 802.864.6033

Email: est.andrews@ascentria.org

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## General Media Consent Form

Good News Garage is a member of Ascentria Care Alliance. Ascentria and its subsidiaries have my permission to use my photograph, likeness, artwork, profile and/or story in all forms of media and all manners, including publications, web pages, video, interactive and social media, and other promotional materials. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

Furthermore, I hereby release in perpetuity Ascentria, its board members, leadership, agents, contractors, volunteers and employees from any and all claims, actions, demands, suits, liabilities, causes of action of whatsoever character, in connection with the use of these materials.

Ascentria may use my:  first name only  first and last name  I wish to remain anonymous.

***My signature below confirms my understanding, agreement and consent to the above statements.***

Print name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

*(If under 18 or required)*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please contact the Ascentria Strategic Marketing and Communications department with any questions or concerns at 774.243.3900 or [info@ascentria.org](mailto:info@ascentria.org).***

***I understand that I have the right to withdraw my consent at any time with a written request sent to: Ascentria Care Alliance, Strategic Marketing and Communications Department, 14 East Worcester Street, Suite 300, Worcester, MA 01604.***

### Staff Use Only

Staff / Location: \_\_\_\_\_

File types:  Image  Video  Audio  Transcript  Testimonial

File(s) storage location: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### Income Guidelines for JumpStart

To qualify for JumpStart your Household Income can't exceed  
200% of the Federal Poverty Guidelines for FY2016

<b>Size of family unit</b>	<b>200% of Poverty</b>
1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780