

Good News Garage



A member of Ascentria Care Alliance



Thank you for your interest in Good News Garage's JumpStart Program. This program is available for qualified applicants who are residents of Maine, Massachusetts, New Hampshire, and Vermont that meet specific criteria and income requirements (see below). We recommend that you review the JumpStart overview and qualifications online at goodnewsgarage.org/JumpStart prior to completing and submitting the application.

To be considered for a vehicle, all conditions must be met and the application must be complete.

Please return the completed application to the below address.

For Maine, Massachusetts, and New Hampshire:

Good News Garage
Attn: JumpStart
340 Granite Street, 3rd Floor
Manchester, NH 03102
Phone: 603.669.6937
Fax: 603.626.7763
Email: BBuckley@goodnewsgarage.org

For Vermont:

Good News Garage
Attn: JumpStart
331 N. Winooski Ave.
Burlington, VT 05401
Phone: 802.864.3667
Fax: 802.864.6033
Email: info@goodnewsgarage.org

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

- Copies of your driver's license
- Copies of recent pay stubs for the previous month. Include pay stubs for all jobs.

***** To be considered for a vehicle, all qualifications must be met and the application must be filled out completely. *****

Please note, a limited number of vehicles are available; applications are accepted until the vehicles are gone. First come, first served. Vehicle recipients must pay a fee of 50% of the book value of the vehicle, which is typically around \$3,000. A bank check or money order is required for payment.

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Agreement to Rules and Regulations of Good News Garage's JumpStart Vehicle Program

I, _____ of (town, state) _____ hereby acknowledge and agree to the following: (please initial each box)

- 1. I understand that JumpStart cars are donated vehicles that undergo a 72-point safety check by certified mechanics and licensed garages. I understand that certified mechanics employed by licensed garages made all necessary repairs for the current day plus any foreseeable necessities.
- 2. I acknowledge that any and all repairs made to the vehicle are strictly for functionality and safety reasons. I understand that cosmetic repairs (including but not limited to: dents, radios, sun roofs, air conditioning or interior wear) are not included by Good News Garage.
- 3. I understand that the high quality and sustainability of the vehicle has been determined by a certified mechanic at a licensed garage and Good News Garage's experienced Vehicle Processor. Regardless of age or mileage, the car has been deemed safe and reliable by a certified mechanic in a licensed garage.
- 4. I understand that I will be offered a vehicle and given a maximum of three business days to decide upon the offer. I understand that if I neglect to inform Good News Garage of a decision within three business days, it will be considered a rejected offer.
- 5. **I understand that I will be required to pay a subsidized cost, which varies by vehicle, and all additional fees including insurance, sales tax, title, plates and registration** and that the vehicle will come with all necessary repairs and a limited warranty of 30 days or 1,200 miles, whichever comes first.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE AGREEMENT TO RULES AND REGULATIONS AND THAT I ACCEPT AND AGREE TO ITS TERMS. I ATTEST THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE.

SIGNED AND AGREED TO:

Print Name

Signature

Date

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JumpStart Vehicle Program Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License Number: _____ Birthdate: _____

Work name and location: _____

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

Household size: Number of Adults _____ Number of Children _____ Ages: _____

If second adult in the house:

Name: _____

Driver's License Number: _____ Birthdate: _____

Work name and location: _____

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

Check the following that apply to you, I can drive:

- Automatic transmission only
- Standard Transmission (stick shift with clutch)
- Both

Do you or anyone in your household currently have a car registered or insured in your name? Yes No

Do you know of any outstanding taxes, insurance obligations or DMV issues that would prevent you from registering a car and obtaining auto insurance? Yes No

If yes, please explain. Note: Applications with outstanding taxes, insurance compliance issues, or current driving violation cases will be disqualified until such matters are resolved.



Budget Worksheet

Name: _____ Date: _____

** Please attach copies of all pay stubs for one month for each adult in the household. This budget must be completed honestly and completely. Incomplete budgets will prolong the application process. This information is used to determine applicant's ability to afford and maintain a vehicle.*

Number of Dependents: _____

Total Household size: _____

Household Monthly Income:

Employment (gross monthly) \$ _____

Child Support \$ _____

Monthly Assistance Received

Section 8 or Assistance with Rent/Mortgage \$ _____

Utility Assistance (Electricity/Water/Heat) \$ _____

Food Stamps, "SNAP" \$ _____

Child Care Assistance \$ _____

Other (TFA, 2nd job) _____ \$ _____

TOTAL INCOME INCLUDING ASSISTANCE

\$ _____

Monthly Expenses

Rent or Mortgage Payment \$ _____

Student Loans/Tuition \$ _____

Heat \$ _____

Electric \$ _____

Water/Sewer \$ _____

Telephone \$ _____

Cell Phone \$ _____

Cable TV and/or Internet \$ _____

Groceries (food, toiletries, diapers) \$ _____

Clothing (average family need per month including diapers) \$ _____

Medical Expenses \$ _____

Child Support Payments \$ _____

Child Care Cost \$ _____

Credit Card Payments \$ _____

Laundry \$ _____

Spending Money (cigarettes, coffee, candy, nails & hair, etc.) \$ _____

Entertainment (movies, dining out, magazines, etc.) \$ _____

Bus/Taxis/Other Transportation \$ _____

Miscellaneous/Other \$ _____

Car Insurance (Estimate: \$65 - \$100 per month) \$ _____

Car Gas (per month) \$ _____

Savings toward car repairs, annual registration, other fees \$ 55

TOTAL EXPENSES

\$ _____

BALANCE (income minus expenses)

\$ _____

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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. Describe 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 apply):

_____ WALKING _____ BUS _____ TAXI _____ OTHER (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 apply):

_____ WALKING _____ BUS _____ TAXI _____ OTHER (carpool, family member, bike, etc.)

I arrive home at (time) ____:____ am / pm

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

Applicant name (print): _____

Signature: _____

Date: ____ / ____ / ____

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Sponsorship Form

Good News Garage (GoodNewsGarage.org) is a “Wheels to Work” car donation program that provides vehicles to working individuals or those with a verifiable job offer. All vehicles awarded have been donated, and we provide vehicles to residents in Maine, Massachusetts, New Hampshire, and Vermont. Every application for a JumpStart vehicle must include a “sponsor” who can validate the individual’s situation. A sponsor could be, but is not limited to: a nonprofit organization; supervisor or other manager at your employer; representative from a doctor’s office, civil or social organization, church, etc. **Relatives, friends or neighbors cannot be a sponsor.**

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:

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):



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.

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: _____

To qualify for JumpStart your household income can't be more than 250% of the Federal Poverty Level

Size of family unit	250% of 2018 Federal Poverty Level
1	\$30,350
2	\$41,150
3	\$51,950
4	\$62,750
5	\$73,550
6	\$84,350
7	\$95,150
8	\$105,950

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Client Rights and Responsibilities

As a person applying for and/or receiving services from Good News Garage, a member of Ascentria Care Alliance, or a guardian assisting someone who is applying for and/or receiving services, you have:

- I. ***The right to receive services with dignity and respect:***
 - a. The right and responsibility to discuss suitability of a particular vehicle and/or participate in the scheduling of appropriately timed Ready to Go rides.
 - b. The right to confidentiality of all records and communications to the extent provided by law.
 - c. The right to be treated as any other citizen, who includes the responsibility to face the consequences of the law for any illegal activity you might engage in.
 - d. The right to be referred to another facility, where one exists, if you are refused services because of an inability to pay for services or if you do not meet the program's eligibility requirements.
 - e. The right to service by a caring and professional staff; service that is free from intimidation, harsh language or a rude manner.
 - f. The right to service and treatment that is offered with the highest regard for a client's health, welfare and personal safety.

- II. ***The right to be a well-informed consumer:***
 - a. The right to be given information on basic program service components, eligibility requirements, program rules, and name and specialty of any Ascentria person responsible for services or the coordination of services you receive.
 - b. The right to inspect your record, to receive a copy of your record for a fee of the cost of copying your record, and to release information to anyone whom you indicate in writing unless otherwise indicated by law.
 - c. The right to refuse an offer of a vehicle or ride and the right to be notified of the possible consequences of refusing a vehicle or ride (which may include extended wait time or termination from the program).
 - d. The right to be informed if you will be charged for services or expenses prior to the service.

- III. ***The right to be offered quality services by professional staff:***
 - a. The right to an accurate record being maintained on your behalf.

- IV. ***The rights to file a complaint if you feel your rights have been violated and/or a formal program policy, procedure or rule has been violated.***

I, _____, have read and understand the above rights and responsibilities connected with my participation in the Good News Garage Program of Ascentria Care Alliance.

Client signature Date Parent/guardian signature Date

Staff reviewer signature Date Program Manager Signature Date