



248 Bucksport Road
Ellsworth, ME 04605
Toll free: 1-877-374-
8206 / Tel: 207 610 5078

HHG Requirements & Application

- Must be a resident of Hancock or Washington County, Maine, US Citizen, and 18 years of age or older
- Must be enrolled in a program at Downeast Community Partners. Programs included: LIHEAP, Transportation, Community Advocate Program, Head Start, Child Care, and Home Repair.
- Must have a valid Maine Driver's License
- Must currently be employed or receive a monthly Social Security or retirement pension.
- Approval is based on the following items:
 - Income (expenses and assistance on the budget form.)
 - Ability to make scheduled loan payments, as well as full coverage insurance payments, yearly registration fees, and vehicle maintenance or repairs, as evidenced with budget portion of the application.
 - Completed and signed program application including submittal of the required information indicated below.
 - Review of credit report.

If loan is approved a 10 % down payment is required at the time of closing.

When you come in for your appointment, please bring:

- Proof of income for the most recent 4 weeks
- Completed Application



Helping Hands Garage Procedure

Read over eligibility requirements to see if you qualify for the Helping Hands Garage program.

ALL eligible clients should be referred to Joe Connors @ 207-598-5657 or joe.connors@downeastcommunitypartners.org to set up an appointment.

During the appointment Sarah will review your application and ask any questions she has.

After review of your application, and based upon residual income after expenses, we can determine whether applying for a car loan at this time is feasible. We will factor in a car payment, with full coverage insurance, gas and minor repairs, to your budget.

Depending on your financial status you can apply for a loan up to \$7000.

Seaboard Federal Credit Union will deny and approve all loan request. Seaboard Federal Credit Union may come back with a counter offer is they feel the original loan request is out of reach.

Seaboard Federal Credit Union will administer all approved loans.

If your loan request is approved you may then proceed to shop for a vehicle with the approved loan amount.

Once a vehicle has been selected, you will be asked to provide Seaboard Federal Credit Union with a write-up from a certified mechanic, to prove that the car is in good condition.

Seaboard Federal Credit Union will then proceed with loan paperwork.

10% down payment is required for all loans.



Program Application

Applicant Information (please print clearly):

First Name: _____ Middle Initial: _____ Last Name: _____

SSN: _____ DOB: _____

Mailing Address: _____

Physical Address: _____

How long have you lived at this address? Years _____ Months _____ Own/Rent? _____

Day Phone: _____ *Evening Phone: _____

Email: _____

Co-Applicant (please print clearly) if more than one please write their information on the back of this page:

First Name: _____ Middle Initial: _____ Last Name: _____

SSN: _____ DOB: _____

Mailing Address: _____

Physical Address: _____

How long have you lived at this address? Years _____ Months _____ Own/Rent? _____

Day Phone: _____ *Evening Phone: _____

Email: _____



Number in household: Adults: _____ Children: _____ MaineCare? _____

Name and date of birth for each adult/child in household: (if you need more room please include on separate sheet and attach)

1. _____
Name Date of Birth
2. _____
Name Date of Birth
3. _____
Name Date of Birth
4. _____
Name Date of Birth
5. _____
Name Date of Birth
6. _____
Name Date of Birth



Applicant Employment History:

Are you currently employed? Yes _____ No _____

If not, why: _____

Present employer: _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

How long have you been employed at this job? Years _____ Months _____

Occupation/Job Title: _____

Supervisor's Name: _____

Employment History: Please list last 3 employers prior to your current employer or to becoming disabled or retiring.

Name of Company: _____

Dates of employment: from _____ to _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

Occupation/Job Title: _____

Name of Company: _____

Dates of employment: from _____ to _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

Occupation/Job Title: _____

Name of Company: _____

Dates of employment: from _____ to _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

Occupation/Job Title: _____



Co-Applicant Employment History:

Are you currently employed? Yes _____ No _____

If not why: _____

Present employer: _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

How long have you been employed at this job? Years _____ Months _____

Occupation/Job Title: _____

Supervisor's Name: _____

Employment History: Please list last 3 employers prior to your current employer or to becoming disabled or retiring.

Name of Company: _____

Dates of employment: from _____ to _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

Occupation/Job Title: _____

Name of Company: _____

Dates of employment: from _____ to _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

Occupation/Job Title: _____

Name of Company: _____

Dates of employment: from _____ to _____

Address: _____ City/Town: _____

State: _____ Zip: _____ Phone: _____

Hours per week: _____ Gross pay: \$ _____ per _____

Occupation/Job Title: _____



Please tell us the most important reason(s) you need a car: _____

Credit History:

Please indicate your credit history: (Please check one and explain below)

Good ___ Fair ___ Poor ___ None ___

Please explain: _____

Have you ever filed for Bankruptcy? Yes ___ No ___ If yes, Date: _____

Please explain: _____

Have you ever had anything repossessed? Yes ___ No ___

Item: _____
Please explain: _____

Do you have a checking account? _____
Do you have a savings account? _____

Do you have a current Maine Driver's license?

Yes ___ License Number: _____
No ___ If no, explain why not and when you will receive one: _____

Are you required by the State of Maine to carry SR-22 insurance? Yes ___ No ___

Do you or anyone in you household own a car? Yes ___ No ___ If yes, explain why you are applying for a HHG car: _____



How many vehicles do you have in your household? _____ (Please list below)

Year	Make	Model	Miles
_____	_____	_____	_____
_____	_____	_____	_____

Is there anything else you feel we need to take into consideration or think we should know when reviewing your application? _____

References:

Provide the name, address, and phone number of three references (not living in the household):

Name	Address	Phone
_____	_____	_____
_____	_____	_____

If you receive an HHG vehicle would you be willing to participate in media publicity so others may learn about the program? Yes___ No___

The information contained in this application is accurate to the best of my knowledge. I understand that if I knowingly give false information in this process my application will be denied. I understand that for HHG to process my application the information I have supplied will need to be verified. I give the Helping Hands Garage permission to do so. All information supplied by the applicant is kept confidential and will be used for application processing only.

Applicant Signature Date

Co-Applicant Signature Date

Please take a moment to tell us how you heard about our Helping Hands Garage Program:



Monthly Budget Information

Monthly Income: Must provide documentation for ALL income

Employment	\$	Net Income (amount after taxes)
TANF	\$	
Unemployment	\$	
Child Support	\$	
Alimony	\$	
VA	\$	
SSDI/SSI	\$	
Other Income	\$	
Total Monthly Income	\$	

This section to be filled out by HHG Loan Officer:

Total Discretionary Income:

Suggested Loan Payment:

Suggested Total Loan:

Monthly & Yearly Expenses

Rent or Mortgage Payment	\$	
Yearly Property Taxes	\$	
Electric	\$	(Do not include any assistance)
Yearly Heat	\$	(Do not include any assistance)
Water	\$	
Telephone (Land & Cell)	\$	
Cable/Satellite	\$	
Internet	\$	
Groceries	\$	(Not covered by Food Stamps)
Child Care	\$	
Credit Cards	\$	
Loans	\$	
Vehicle Expenses	\$	(Insurance, Gas & Repairs)
Miscellaneous	\$	(Any household or misc. expenses)
Total Monthly Expenses:	\$	

Helping Hands Garage Application Checklist:

Completed application

Total Assistance: Must provide documentation of Assistance

Rental assistance	\$
Electric assistance	\$
Fuel assistance	\$
Food Stamps	\$
WIC	\$
Child Care assistance	\$
Total Assistance:	\$



Authorization to Release Information

I _____ and _____
(Applicant) (Co-Applicant)

Authorize Downeast Community Partners to contact any employer, financial institution, landlord, child care provider, medical care provider, school, college, Dept. of Human Services, or any agency deemed necessary to obtain information required to complete my application for participation in the Helping Hands Garage Program; this also includes accessing my credit report.

I understand that a photocopy of this release is as valid as the original.

Applicant Printed Name Applicant Signature SSN Date

Co-Applicant Printed Name Co-Applicant Signature SSN Date