

ACCORD Corporation
VEHICLE LOAN PROGRAM
44 Main Street, Belfast, NY 14711
585 365.2157 Ext. 1711 or 1709

STATEMENT OF NEED

APPLICANT NAME: _____

Address: _____

City: _____

Telephone: Day _____ **Evening** _____

Why are you interested in the Wheels for Work Program?

Please complete the following information that describes your travel patterns:

How do you currently get to work? _____

Job site: Distance and location _____

Work schedule: Hours and Shift: _____

How do you currently get to other locations
For daycare or shopping? _____

Is public transportation available to you? Yes ___ No ___

Are there any other transportation options
currently available to you? Yes ___ No ___

If yes, please describe:

Do you currently have a valid New York State driver's license? Yes _____ No _____

Will you commit to work toward becoming more self-reliant? Yes _____ No _____

(i.e.) Take necessary steps to repair credit.

Seek job security or advancement.

Trade school or advanced knowledge & skills.

Signature of Applicant: _____ Date _____