



Pit Stop Eligibility Guidelines

The Hospitality House Food Pantry Pit Stop program aims to help individuals and families in need of financial assistance to pay for necessary vehicle repair to get to work or other important appointments. For those that qualify, Hospitality House will provide partial funding (up to \$500) on a sliding scale depending on the cost of the needed repair.

- Income must be at or below 200% of the federal poverty level
- Applicant must live in Oakland County
- Applicant must have a valid driver's license
- Vehicle being repaired must be registered
- Applicant must have an active auto insurance policy
- Applicant must own the vehicle being repaired
- Repair must be intended to make the vehicle safe and roadworthy
- Applicant must not have received Pit Stop assistance in past 12 months
- Applicant must be able to pay a portion of the cost:

Cost of Repair	Hospitality House Pays...	The Client Pays...
\$249 or Less	70%	30%
\$250-\$449	60%	40%
\$450-\$899	50%	50%
\$900+	\$500 maximum	Remaining Owed

* This program ONLY covers repairs, which does not include towing costs, gas, insurance, etc.



Pit Stop Application Process

- Complete the application
- Obtain a repair cost estimate from a licensed auto repair facility
- Obtain copies of driver's license, vehicle registration, proof of insurance, and vehicle title
- Submit the application, estimate, and copies to Christie Spudowski:
 - Email: progadmin@hhfp.org
 - Mail: 2075 E. West Maple, Suite B204 Commerce, MI 48390
 - In-Person during Open Hours:
 - Monday: Noon-6:30pm; Thursday: 10am - 1:30pm; Saturday: 11am - 1:30pm

Once your application is submitted, you will receive a phone call from our program administrator to discuss your application within 48 hours. If your application is approved, Hospitality House Food Pantry will notify you of approval and coordinate payment with the auto repair facility as soon as possible. Completing and/or submitting this application does not guarantee approval for funds. Assistance funds are limited and distributed on a first-come, first-serve basis.



Utility Assistance Application

Application Date: _____

Client ID #: _____

Please list every member of your household, including yourself, other adults, and any children. If additional space is needed, please request an additional form.

Name	Relationship to Applicant	Date of Birth	Disabled?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Information

First Name: _____ Last Name: _____

Current Address: _____

Phone Number: _____ Email Address: _____

Driver's License Number: _____ Is your license valid? Yes No

Gender:

- Female/Woman Male/Man Transgender/GNC Undisclosed

Marital Status:

- Single Married Divorced Separated Widowed Common-Law Undisclosed

Language(s) Spoken:

- English Spanish Arabic Other: _____

Ethnicity/Race:

- White/Angelo Black/African American Hispanic/Latino Middle Eastern/Arabic Chaldean
 Jewish Asian/Pacific Islander Native American/Indigenous Other: _____

Educational Level:

- Grades 0-8 Grades 9-11 High School Diploma/GED Post-Secondary (Some) Trade School
 2 Year Degree 4 Year Degree Master's Degree PhD Undisclosed/None

Please any of the following in which you self-identify:

- Developmental Disability Physical Disability Veteran Refugee Evacuee Mental Illness
 Pregnant Breastfeeding Postpartum Undisclosed/None Other: _____

Household Information

Employment Type(s): List all that apply for all of the adults in your household:

- Full-Time Part-Time Self-Employed Retired Military Retired Multiple Jobs
 Seasonal Temporary Student Unemployed

Please identify the amount of income you receive per month:

JOB #1 _____	JOB #2 _____
JOB #3 _____	UNEMPLOYMENT _____
SOCIAL SECURITY _____	UNEMPLOYMENT _____
SOCIAL SECURITY _____	SOC SEC DISABILITY _____
SOC SEC DISABILITY _____	SURVIVOR BENEFITS _____
VA BENEFITS _____	CHILD SUPPORT _____
PENSION _____	DHS BRIDGE CARD _____
DHS CASH ASSISTANCE _____	ALIMONY _____
OTHER _____	TOTAL INCOME _____

Vehicle Information

Make: _____ Model: _____ # of vehicles in your household: _____

Year: _____ VIN #: _____

Driver's License Number: _____ Is your license valid? Yes No

What is the primary purpose of this vehicle:

Have you received vehicle assistance within the last year? Yes No

Additional Information

Have you received food pantry services in the past 6 months? Yes No

Is this your first time requesting help from Hospitality House? Yes No

Referred By:

Internet Friend/Family Organization: _____ Other: _____

Agreements

I understand that all information provided in this application is confidential and will only be released to other agencies upon my written consent.

I understand that I can only receive auto assistance from Hospitality House Food Pantry once every 12 months.

I affirm that the information I provided in this application are true and correct to the best of my knowledge and understand that if any of the information is discovered to be untrue, my application will be denied.

By signing below, you are stating that you understand the above agreements and that you consent to applying for auto assistance through Hospitality House Food Bank.

Signature of Applicant

Date

For Administration – DO NOT WRITE BELOW!

Based on the information provided above and/or information provided by the applicant via phone/email, this application is:

- Approved
- Denied

Documents Received:

- Driver's License
- Vehicle Title
- Proof of Registration
- Proof of Insurance
- Repair Estimate

Date in which the applicant was notified of approval/denial: _____

Date in which the bill was paid by HHFP: _____

Notes:

Signature of Intake Staff

Date