



Wisconsin Employment Transportation Assistance Program (WETAP) Application for Services

Fill in the entire form as completely as possible. The information provided is confidential and is needed to determine eligibility for financial assistance.

NAME: _____
Last First Middle

ADDRESS: _____
Street City/State Zip

TELEPHONE: _____ EMAIL: _____

I prefer to be contacted by: ☐ Phone ☐ Email

I own the car that needs repair and I have the title: ☐ Yes ☐ No

I have a valid driver's license: ☐ Yes ☐ No

I am employed: ☐ Yes ☐ No

If Yes, what is your rate of pay and how many hours do you work each week?

Rate: _____ Hours: _____

Do you have any other household income (your spouse, child support etc.)? ☐ Yes ☐ No

If yes, please list the source of income and amount. _____

There are _____ people in my household. (This includes you, your spouse and dependent children living with you that you can count on your taxes.)

AUTHORIZATION: I certify that this request for assistance is voluntarily and that information given above is accurate to the best of my knowledge. I understand this is an application to determine eligibility and any car repairs completed prior to the determination of eligibility will be ineligible for reimbursement. There are specific car repair establishments approved to participate in this program. If you choose to use a shop that is not approved, you may not be eligible for reimbursement.

Signature of Applicant

Date