

LOAN FUND APPLICATION



1) APPLICANT'S NAME (please print) _____
 Date of Birth ____/____/____ Social Security Number ____-____-____ Home Phone () _____
 Address _____ City _____ State _____ Zip _____
 County _____ Time at this address: ____ Yrs. ____ Months Own home: Yes No
 Amount of mortgage or rent: \$ _____

Previous Address: _____ City _____ State _____ Zip _____
 County _____ Time at this address: ____ Yrs. ____ Months
 Name of nearest relative not living with you _____ Relationship _____
 Address _____ City _____ State _____ Zip _____ Phone () _____

2) PRESENT EMPLOYER (name & address) _____ Occupation _____
 Supervisor _____ Bus. Ph# () _____ Average Hrs/Wk ____ Date Hired ____

3) PREVIOUS EMPLOYER (name & address) _____
 Business Phone () _____ Previous Occupation _____ Dates Employed _____

4) *ALIMONY, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Amount of income from child support, alimony/maint. Payments: \$ _____
 How long received: ____ Yrs ____ Months Name of payer _____
 Address of payer: _____ City _____ State _____ Zip _____

5) FAMILY GROSS MONTHLY INCOME

Item	Borrower	Co-Borrower	Total
Base Empl. Inc.	\$	\$	\$
2 nd Job			
Gen. Assist.			
MFIP			
Soc. Security			
Food Stamps			
*Child Support			
*Alimony			
*Other			
Total	\$	\$	\$

6) Are you paying alimony, child support, or maintenance? Yes No
 Are there any claims, suits or judgements against you? Yes No
 Are you a co-signer, or guarantor for anyone? Yes No
 Have you ever filed bankruptcy? Yes No

If the answer is yes to any of section 6 question, please explain:

7) References: List all banks, stores, charge cards, etc. where you have accounts. Loans which you have paid in full may also be included, if you desire.

Is any income in Sec. 5 likely to be reduced before the loan is paid off? If yes, please explain: _____

	Account with	City
Checking		
Savings		
Mortgage		
Auto Loan		
Other Loans		
Credit Account		
Credit Account		
Electricity Account		
Water & Gas Acct.		

8) Others living with you (including children)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9) List all education or training programs you are attending:

School Name _____ Counselor _____
 Phone () _____ Date of registration _____ Anticipated graduation date _____
 Number of credits completed _____ Number of credits needed to graduate _____

10) For what purposes will this loan be used? _____

If the loan is for transportation: How are you currently getting to work or school? _____

Is bus available? _____ How far is it to work/ school? _____

Do you transport children to daycare? _____ How far is it to daycare? _____

Do you currently own a vehicle? ___ Yes ___ No If yes, Date purchased _____ Purchase price \$ _____

Your current vehicle: (year, make, model, odometer, repairs needed and repair estimate): _____

How did you hear about the Family Loan Program? _____

Co-Applicant or Co-Signer:

Complete this section only if (1) co-signer will be contractually liable to Bank on the account, or (2) applicant is relying on co-applicant's income as a basis for repayment of account.

11) Name (Please print) _____ Date of Birth _____

Social Security Number _____ - _____ - _____ Home phone () _____

Address _____ City _____ State _____ Zip _____

County _____ Time at this address: _____ Years _____ Months _____

Own Home: Yes ___ No ___ Amount of mortgage or rent: \$ _____ Previous Address: _____

City _____ State _____ Zip _____ County _____

Time at this address: _____ Years _____ Months _____

Name of nearest relative not living with you _____ Relationship _____

Address _____ Phone () _____

12) PRESENT EMPLOYER (name & address) _____ Occupation _____

Supervisor _____ Bus. Ph# () _____ Average Hrs/Wk _____ Date Hired _____

13) PREVIOUS EMPLOYER (name & address) _____

Business Phone () _____ Previous Occupation _____ Dates Employed _____

14) *ALIMONY, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Amount of income from child support, alimony/maint. Payments:\$ _____

How long received: ___ Yrs ___ Months Name of payer _____

Address of payer: _____ City _____ State _____ Zip _____

◆ IMPORTANT – APPLICANT MUST READ BEFORE SIGNING ◆

The selection of service(s) or item(s) made possible through the FLP is your responsibility. The FLP does not guarantee the items or quality of the service performed.

15) I certify that the information provided throughout this application is true and correct. I am also aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine eligibility.

Signature of Applicant Date

Signature of Co-Applicant Date

16) Notice to Co-Signer You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The creditor can collect this debt from you without first trying borrower. The creditor can use the same collection methods against you that can be used on the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record. This notice is not the contract that makes you liable for the debt. I acknowledge reading this notice before I signed the promissory note.

Signature of Applicant Date