

APPLICANT INFORMATION

Are you applying for a vehicle loan or repair:		<input type="checkbox"/> Loan	<input type="checkbox"/> Repair
Will you have a co-signer?		<input type="checkbox"/> Yes (if yes, please complete co-signer info) <input type="checkbox"/> No	
Applicant First, Middle, Last Name:			
Social Security Number:		DOB:	
Address:		City:	Zip:
Email:	Home/Cell Phone:		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Other		
Co-signer First, Middle, Last Name:			
Co-signer Social Security Number:		Co-Signer DOB:	

APPLICANT DEMOGRAPHICS

Education Status:		<input type="checkbox"/> GED/HSED <input type="checkbox"/> HS Diploma <input type="checkbox"/> AA <input type="checkbox"/> BA or BS <input type="checkbox"/> MA or MS <input type="checkbox"/> Ph.D. <input type="checkbox"/> N/A	
If N/A:	<ul style="list-style-type: none"> • Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is this an alternative school? <input type="checkbox"/> Yes <input type="checkbox"/> No • Attained Certificate of Attendance/Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No • Attained Other Post-Secondary Degree/Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you currently taking courses beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Race/Ethnicity:	<input type="checkbox"/> American Indian and Alaskan Native (<i>tribal affiliation of North, Central and South America</i>) <input type="checkbox"/> Asian (<i>origins of Far East, Southeast Asia or Indian subcontinent</i>) <input type="checkbox"/> Black or African American (<i>origins of any black racial groups of Africa</i>) <input type="checkbox"/> Hispanic or Latino (<i>origins of Cuba, Mexico, Puerto Rico, South or Central America</i>) <input type="checkbox"/> Native Hawaiian and Other Pacific Islander (<i>origins of Hawaii, Guam, Samoa, or Pacific Islands</i>) <input type="checkbox"/> Not Hispanic or Latino (<i>origins of North America</i>) <input type="checkbox"/> White (<i>origins of Europe, Middle East or North Africa</i>) <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to Disclose		
What is your Limited English Proficiency Level:		<input type="checkbox"/> Proficient (Read/Speak) <input type="checkbox"/> English Language Learner <input type="checkbox"/> Limited English Speaking Ability <input type="checkbox"/> Limited English Reading Ability <input type="checkbox"/> Primary Language, if other than English: _____	

BACKGROUND INFORMATION

<ul style="list-style-type: none"> • Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No • Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, please explain: _____ • Have you been incarcerated within the last 6 months? Date released: _____ • Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, please explain: _____ • Are you currently receiving FoodShare? <input type="checkbox"/> Yes <input type="checkbox"/> No • Where you receiving Foodshare within the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • Are you a migrant/seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you a foster child receiving government support? <input type="checkbox"/> Yes <input type="checkbox"/> No • Were you in foster care but have recently aged out of the system? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you affected by substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No • Where you in W2/TANF within in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you receiving alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you on the Free/Reduced lunch (applicant, not child)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<ul style="list-style-type: none"> • Are you currently in FSET (Foodshare employment program)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Where you receiving FSET within the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you currently on State or local income-based assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No • Where you on State or local income-based assistance within the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you currently on SSI (Supplemental Security Insurance)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Where you on SSI in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you currently in W2/ TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If on W2/TANF, are you within 2 years of exhausting lifetime eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • Are you currently on Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, what type: <ul style="list-style-type: none"> <input type="checkbox"/> UI Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> Neither UI claimant nor exhaustee <input type="checkbox"/> UI but exempt from work search • Are you currently in the Trade Adjustment Assistance (TAA) program? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you currently receiving a pension, retirement, or severance pay? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you on Other Support? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ○ If yes, please list: _____
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HOUSEHOLD INFORMATION

List the names, ages and relationship (self, son, daughter, niece, nephew, etc.) of all persons living in your home, including yourself, and drivers license information, if applicable.

Name	Age	Relationship	License Drive (Y/N)	Drivers License #	State Issued In	Expiration Date
		Self				

Housing Status: Rent Own Dwelling Type: House Mobile Home Apartment Duplex
 Other _____

Monthly Rent/Mortgage Cost: _____ Years/Months Living There: _____

HOUSEHOLD INCOME

List only the names, relationship, current employment status and # of weeks employed of all persons, including yourself, with employment income below.

Name	Relationship	Current Employment Status (Full, Part, Temp, Contracted)	# of Weeks Employed During the Last 26 Weeks
	Self		

VEHICLE/TRANSPORTATION INFORMATION (APPLICANT ONLY)

Do you currently own a vehicle?		<input type="checkbox"/> Yes (if yes see below) <input type="checkbox"/> No	
Vehicle Year:	Make:	Model:	
Miles on Vehicle:	Estimated Vehicle Value:	Registered in Your Name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Loan Obligation on Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unpaid Loan Amount:	Loan Payable to:
Vehicle Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:	Coverage Type: Monthly Cost:
License Plate Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Expiration Date:	Licensing State:
Last emissions test date (mm/dd/yy):			
If vehicle is not registered in your name list registrant name:			
If this application is for a <u>Vehicle Repair</u> , describe condition and/or repair needs of current vehicle:			
If this application is for a <u>Vehicle Loan</u> , describe what you plan to do with the vehicle you currently own:			
If you do not currently own a vehicle, indicate method of transportation to and from work:			

DRIVING HISTORY (APPLICANT ONLY)

DUI, OWI, or alcohol related citations in past 5 years:	<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No
Moving vehicle violations in past 5 years:	<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No
Other criminal/civil convictions in past 5 years:	<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No

EMPLOYMENT HISTORY (APPLICANT ONLY – BEGIN WITH CURRENT OR MOST RECENT EMPLOYER)

Employer Name:	City:	State:
Job Title:	Wage:	State Date (mm/yy): End Date (mm/yy):
Reason for Leaving:		
Employer Name:	City:	State:
Job Title:	Wage:	State Date (mm/yy): End Date (mm/yy):
Reason for Leaving:		
Employer Name:	City:	State:
Job Title:	Wage:	State Date (mm/yy): End Date (mm/yy):
Reason for Leaving:		

REFERENCES

Reference Name:	Relationship:	Cell Phone Number:	Email:

SIGNATURE (APPLICANT ONLY)

I/we certify that all information contained in this application is true and complete to the best of my/our knowledge and belief.

Signature:		Date:	
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Note to verify income, your two (2) most recent paystubs will be required.

INCOME	AMOUNTS
Salary/Wage 1:	
How Often Paid:	
Gross Pay Per Check (before taxes and deductions):	
Net Per Check (after taxes and deductions):	
Salary/Wage 2:	
How Often Paid:	
Gross Pay Per Check (before taxes and deductions):	
Net Per Check (after taxes and deductions):	
Other Income (i.e. child support):	
Total Monthly Net Income:	
HOUSING	AMOUNTS
Rent/Mortgage Payment:	
2 nd Mortgage/Home Equity Loan/Lot Rent:	
Electricity/Heat (oil, gas, LP, wood):	
Telephone/Cell Phone/Pager:	
Cable/Satellite/Internet:	
Water/Sewer/Trash:	
Property Taxes (if not in mortgage escrow):	
Homeowners Insurance/Renters Insurance:	
Home Repair/Maintenance/Water Softener:	
Subtotal:	
TRANSPORTATION	AMOUNTS
Car Payment #1:	
Car Payment #2:	
Auto Insurance:	
Auto Maintenance Repair:	
License Tabs:	
Subtotal:	
MISCELLANEOUS	AMOUNTS
Clothing Purchases (back to school/special trips):	
Insurance (Health/Life):	
Medical Expenses (copays/deductible/chiro/prescriptions):	
Day Care/Pre-school/Private School:	
Tuition/Supplies/Lessons:	
Membership Fees/Health Club:	
Income Taxes (payment plan/self-employed):	
Union Dues/Investments/Savings/Bank Fees:	
Gifts/Birthdays/Holidays/Parties:	
Vacation/Travel:	
Other:	
Subtotal:	

FLEXIBLE EXPENSES		AMOUNTS	
Gasoline (gas, taxi, ride-share, bus, parking)			
Food (groceries, dining out, work lunches, school lunches)			
Household Items (baby items paper products, laundry, clothes)			
Cash/Miscellaneous (allowances, donations, tobacco, pet items)			
Entertainment (baby sitters, movies, sports, hobbies, books)			
Other			
Subtotal:			
CREDITORS		AMOUNTS	REMAINING BALANCE
Creditor 1			
Creditor 2			
Creditor 3			
Creditor 4			
Creditor 5			
Subtotal:			
TOTAL			

SUMMARY	CURRENT SPENDING	PLANNED SPENDING
Monthly Net Income:		
Housing Expenses:		
Transportation Expenses:		
Miscellaneous Expenses:		
Flexible Expenses:		
Creditors Expenses:		
Total Monthly Expenses:		
Surplus/Deficit (monthly income - monthly expenses)		