



CONSUMER LOAN APPLICATION

Application Type: Individual Joint Amount Requested: \$ _____ # Months: _____

Purpose of Loan: _____ Collateral: _____

APPLICANT

Applicant Name: _____ S.S. #: _____

Address: _____ DOB: ___/___/___

Home Phone Number: _____ Cell Phone Number: _____

Own Rent How long: _____ Monthly Amount: \$ _____ County: _____

Landlord Name, Address & Phone #: _____

Number of Dependents living in the home: _____ Ages: _____ Email: _____

Current Employer Name: _____ Employer Phone: _____

Employer Address: _____ Position: _____

Start Date: ___/___/___ Salary/Wages: \$ _____ Hours per Week: _____

Previous Employer Name: _____ Employer Phone: _____

Employer Address: _____ How Long on Job: _____

Have you ever had any property repossessed? _____

Have you filed bankruptcy in the past 14 years? _____

Do you have any pending suits/judgments against you? _____

CO-APPLICANT

Applicant Name: _____ S.S. #: _____

Address: _____ DOB: ___/___/___

Home Phone Number: _____ Cell Phone Number: _____

Own Rent How long: _____ Monthly Amount: \$ _____ County: _____

Landlord Name, Address & Phone #: _____

Number of Dependents living in the home: _____ Ages: _____ Email: _____

Current Employer Name: _____ Employer Phone: _____

Employer Address: _____ Position: _____

Start Date: ____/____/____ Salary/Wages: \$ _____ Hours per Week: _____

Previous Employer Name: _____ Employer Phone: _____

Employer Address: _____ How Long on Job: _____

Have you ever had any property repossessed? _____

Have you filed bankruptcy in the past 14 years? _____

Do you have any pending suits/judgments against you? _____

REFERENCES

1. Name & Address: _____ Phone #: _____

2. Name & Address: _____ Phone #: _____

Nearest Relative Not Living With You: _____ Relationship: _____

Address: _____ Phone #: _____

CLIENT INFO

How did you hear about our program? _____

Are you a Veteran? _____ Are you disabled? _____ Male Female

Highest Grade Completed? _____ Do you receive: _____ TANF _____ WIC _____ Food Stamps

Family Type: _____ Single Parent _____ Single _____ 2 Parents _____ 2 Adults Ethnicity: _____

Do you have health insurance? _____ Are you a Farmer or Migrant Worker? _____

I certify that the above information is complete and accurate to my knowledge and understand that this may be verified by People Incorporated staff to determine eligibility for program services. I authorize an investigation of my credit and employment history. I authorize the release of information about my credit experience for discussion with authorized employees of staff with People Incorporated. I understand that any information disclosed to be held in strict confidence. I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. I waive all claims against People Incorporated and their employees, directors, and agents arising from this assistance. I understand that I am receiving assistance and information from People Incorporated so I can make informed decisions. I understand that by signing this application I am giving written consent for People Incorporated staff to enter the information that I am providing into People Incorporated of Virginia's client tracking data system. Entering my data will allow People Incorporated to provide quality, comprehensive services for which I might be eligible through all programs operated by the organization. It will also ensure that the organization is able to track program success and report to funders as required.

I further understand that my information will be shared with appropriate People Incorporated staff members if the need for referral to a People Incorporated program is identified. My information will not be shared with any organization outside of People Incorporated without my specific written consent.

Applicant Signature

Date

Co-Applicant Signature

Date

Please email, mail or bring application to one of our locations:

Abingdon Office: 1173 West Main Street Abingdon, VA 24210
Phone: 276-623-9000 **Email:** etaylor@peopleinc.net.

Culpeper Office: 233 East Davis Street Culpeper, VA 22701 Phone:
571-445-3021 **Email:** fbartolo@peopleinc.net

Manassas Office: 9324 West Street Suite 201 Manassas, VA 20110
Phone: 571-445-3021 **Email:** fbartolo@peopleinc.net

Woodstock Office: 135 South Main Street Woodstock, VA 22664
Phone: 540-459-9096 **Email:** fbartolo@peoplinc.net

FINANCIAL STATEMENT

ASSETS (What you Own)

	Location of Property or Financial Institution	Value/Amount
Home		
Auto		
Savings Account		
Checking Account		
Retirement Account		
Stocks, Bonds, Etc.		
Other:		

Total:

If Auto, Please specify Year, Make, and Model _____

LIABILITIES (What you Owe)

	Creditor Name	Monthly Payment	Balance
Mortgage/Rent			
2nd Mortgage			
Auto Loan			
Auto Loan			
Credit Card			
Credit Card			
Payday Loan			
Payday Loan			
Title Loan			
Title Loan			
Student Loan			
Personal Loan			
Other:			
Other:			

Total:

Do you owe any delinquent taxes? _____ If so, Please list: _____

Are you a co-signer on any other loans not listed? _____ If so, Please list: _____

Please Initial

Date



INCOME AND EXPENSES - MONTHLY

INCOME

Applicant

	Amount (Before Taxes)
Full-Time Job	
Part-Time Job	
Self-Employment	
TANF	
Social Security	
Food Stamps	
Unemployment	
Housing Assistance	
Bonuses/Commission	
Rental Income	
Child Support*	
Alimony*	
Other:	

Total:

Co-Applicant

	Amount (Before Taxes)
Full-Time Job	
Part-Time Job	
Self-Employment	
TANF	
Social Security	
Food Stamps	
Unemployment	
Housing Assistance	
Bonuses/Commission	
Rental Income	
Child Support*	
Alimony*	
Other:	

Total:

Total Monthly Income: \$ _____

Note: * Alimony or child support payments need not be disclosed unless it is desired to have such payments count toward your total income

OTHER EXPENSES

	Amount
House Insurance	
Car Insurance	
Vehicle Gas/Fuel	
Property Taxes	
Electricity	
Telephone	
Cell Phone	
Gas (Heat)	
Cable	
Water/Sewer	

Total:

	Amount
Food - Groceries	
Food - Eating Out	
Clothing	
Medical Insurance	
Medical Expenses	
Child Care	
Alimony	
Child Support	
Pet Food/Care	
Cigarettes/Alcohol	

Total:

Total Monthly "Other" Expenses: \$ _____

Please Initial

Date



EMPLOYMENT VERIFICATION

Instructions: Applicant - Complete numbers 5 and 6, then give to Employer.
 Employer - Please complete Part II. Sign and return directly to People Incorporated.

PART I - REQUEST

1) To: _____	2) From: _____
_____	_____
_____	_____
3) _____	4) _____
Signature of Lender Date	Job Title/Position

**I have applied for a loan and stated that I am employed by you.
My signature below authorizes verification of this information.**

5) Name and Address of Applicant:	6) _____
_____	Signature of Applicant

PART II - VERIFICATION OF PRESENT EMPLOYMENT

7) Applicant's Date of Employment: _____	8) Current Pay (Enter Amount and Check or Specify): \$ _____ Annually Monthly Weekly Hourly Other: _____	
9) Present Position: _____	10) Number of Hours Worked Weekly: _____	
11) If overtime or bonus is applicable, will it continue (check)? Overtime: _____ Bonus: _____		
12) Remarks/Comments: _____ _____ _____		
13) _____ Signature of Employer	14) _____ Job Title/Position	15) _____ Date