

CONSUMER LOAN APPLICATION



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

Purpose of Loan: _____ Collateral: _____

APPLICANT

Applicant Name: _____ S.S. #: _____

Physical Address: _____ DOB: ___/___/___

Mailing Address: _____

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 judgments against you? _____

CO-APPLICANT

Applicant Name: _____ S.S. #: _____

Physical Address: _____ DOB: ___/___/___

Mailing Address: _____

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: _____ Phone #: _____
Address: _____

2. Name: _____ Phone #: _____
Address: _____

3. Nearest Relative Not Living With You: _____ Phone #: _____
Address: _____

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? _____

CO-APPLICANT (If Applicable)

Thank you for your interest in our program. Because the services we provide are made available through public funding, we are required to follow up with the individuals we serve so please take the time to provide us with some information. All information provided is strictly confidential. Please feel free to ask if you have any questions about the information request. The below information is not used to make a loan decision and is only used for grant reporting purposes only.

How did you hear about our program?

SBA [Social Media](#) SBDC Local Advertisement
 Other Government Agency Website Other (please specify): _____

Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you considered to be disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
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Family Type:

Single Parent/Female Single Parent/Male Two Parent
 Single Person 2 Adults Other

Household Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Years of education completed:

Less than 9th [grade](#) 9-12 High School Graduate /GED College/No Degree College Graduate
 Other

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

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

Abingdon Office: 1173 West Main Street Abingdon, VA 24210

Phone: 276-619-2297 Email: jprater@peopleinc.net

Culpeper Office: 13230 Lovers Lane, Culpeper, VA 22701

Phone: 276-608-9724 Email: alane@peopleinc.net

Woodstock Office: 135 South Main Street Woodstock, VA 22664

Phone: 276-619-2297 Email: lecurrle@peopleinc.net