



Family Loan Program Initial Application (Please print clearly and complete all sections)

Date _____ Name _____ DOB _____

Spouse's Name _____ DOB _____

Home Phone _____ Cell _____

Address _____ Town _____ Zip _____
(If less than 2 years, list previous address on reverse)

Own/Rent? _____ Monthly Rent? _____ How long? _____

Email _____

Demographics:

Race: _____ Ethnicity _____

Marital Status _____ (If married are you filing jointly?)

U.S. Citizen (Yes/No) _____

Amount Requested \$ _____ Purpose of Loan _____

How did you find out about the program? _____

Household:

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Employment:

Employer(s) _____

(If less than 2 years, list previous job on reverse)

Employer's Address and Phone _____

Monthly Net Income \$ _____ **Length of Employment** _____

Spouse's Employer(s) _____

(If less than 2 years, list previous job on reverse)

Employer's Address and Phone _____

Monthly Net Income \$ _____ **Length of Employment** _____

Other Sources of Income?: SNAP; Child Support; Gov't Assistance, etc: _____

Car Loan(s):

Vehicle _____ **Amount** _____ **Interest Rate** _____ **Payment** _____

Vehicle _____ **Amount** _____ **Interest Rate** _____ **Payment** _____

Credit Card _____ **Interest Rate** _____ **Balance** _____

Credit Card _____ **Interest Rate** _____ **Balance** _____

Credit Card _____ **Interest Rate** _____ **Balance** _____

Credit Card _____ **Interest Rate** _____ **Balance** _____

Any other outstanding debt. Please list debtor(s) and amount(s) owed: _____

Any other important financial information that may impact your application: _____
