

Transportation Loan Application

This is a request to: Purchase a Vehicle Repair a Vehicle Other: _____

Please Explain your current situation and why you are requesting assistance: _____

Status Codes					
Marital M = Married S = Single D = Divorced W = Widowed	Insurance N = None P = Private / Direct Purchase V = VA MC = Medicare MD = Medicaid/ MA E = Through Employer O = Other (Please Explain)	Work FT = Full Time PT = Part Time Mig. = Migrant, Seasonal, or Farmer R = Retired U = Unemployed *If unemployed please specify long-term (more than 6 months), Not in labor force, or short-term (less than 6 months)	Race N = American Indian/Alaskan B = Black/African American P = Hawaiian or Pacific A = Asian W = White M = Bi-racial or Multi-Racial O = Other (Please Explain)	Grade Level 0-8 9-12 = No diploma GED HSG = Graduated Some College 2-year or 4-year Degree	Military NA = No Affiliation A = Active NG = National Guard/ Reserves V = Veteran

Applicant Information											
First Name			M.I.	Last Name			Date of Birth				
Primary Phone Number				Social Security Number				Email Address			
Mailing Address					Unit	City, State & Zip Code			County		
Marital Status	Gender M F	US Citizen Y N	Race	Hispanic Y N	Disabled Y N	Military Status	Receive Texts? Y N				
Health Insurance Type	Current Student Y N	Education Level		Driver's License #	Work Status (FT, PT, Etc.)			Start Date			
Employer's Name				Employer's Address				Employer's Phone Number			

Housing Information						
Housing Situation:	Own	Rent	Subsidized housing	No Payment	Exchange Service	Homeless
Other (Please Explain):						
Type of Housing:	House	Apartment/Townhouse		Mobile Home	Shelter	
Temporary/Family/Friends/Other (Please Explain):						
Length of time at current address:	less than 6 months	6-12 months	1-2 years	more than 2 years		
If less than 2 years, provide previous address:				City/State/Zip:	County:	

Co-Applicant Information					Use status codes from pervious page		
First Name	M.I.	Last Name		Driver's License Number	Date of Birth		
Social Security Number		Relation to Head of Household			Phone Number		
Marital Status	Gender M F	US Citizen Y N	Race	Hispanic Y N	Disabled Y N	Military Status	
Health Insurance Type	Current Student Y N	Education Level		Work Status		Start Date	
Employer's Name			Employer's Address			Employer's Phone Number	

Children/ Other household member Information:					Use status codes from previous page		
1.							
First Name		M.I.	Last Name		Date of Birth		Relationship
Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance		
2.							
First Name		M.I.	Last Name		Date of Birth		Relationship
Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance		
3.							
First Name		M.I.	Last Name		Date of Birth		Relationship
Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance		
4.							
First Name		M.I.	Last Name		Date of Birth		Relationship
Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance		
5.							
First Name		M.I.	Last Name		Date of Birth		Relationship
Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance		
6.							
First Name		M.I.	Last Name		Date of Birth		Relationship
Gender M F	Race	Hispanic Y N	Disabled Y N	Current Grade	Health Insurance		

***For Additional Children and Household Members, please attach additional Sheet**

Vehicle Information			
Do you Currently own a Vehicle?	Yes	No	Date Purchased:
Purchase Price:	Year:	Make:	Model:
Current Mileage:	VIN:	License Plate #:	
Repairs Needed:			
Repair Estimates:			

Please answer the following Questions:

Are you a co-signer, or guarantor for any other loans?

Yes No

Do you have a checking/savings Account? Yes No

If yes, name of the institution:

Are there any collections or judgements against you?

Yes No

Have you ever filed bankruptcy?

Yes No

If the answer is yes to any of the above questions, please explain: _____

Monthly Income

Source	How Often Paid	Gross Income	Take Home Pay/ Check	Take Home Monthly Income
Head of Household's Employer				
Head of Household's Employer				
Co-Applicant's Employer				
MFIP				
Food Support/ SNAP				
SSI				
Social Security				
Unemployment				
Child Support				
Pension				
Other (Please Explain):				
Please provide copies of proof for all income entered for verification.			For Office Use Only	Total Monthly Income
				\$0
				% of poverty

Is the income listed above likely to reduce before the loan is paid off? Yes No

If Yes, please explain: _____

Monthly Expenses

Fixed expenses submit copies of most recent bill for verification	Monthly Payments	Yearly / Quarterly Semi-Annual	Past Due / Balance owing
Rent / Mortgage / Lot Rent			
Association Fees			
2 nd Mortgage			
Property Taxes (if not included) total for year			
Homeowners or Renters insurance total for year			
Heating			
Electric			
Telephone / Cell Phone / Pager			
Water / Sewage			
Trash pick-up			

Fixed expenses submit copies of most recent bill for verification	Monthly Payments	Yearly / Quarterly Semi-Annual	Past Due / Balance owing
Cable TV / Internet			
Alimony and/or Child Support			
Daycare / Babysitting			
Car payment			
Car Insurance – total for 6 months or 1 year			
Student Loans			
Credit or Store Card			
Credit or Store Card			
Misc. Loan			

Varying Expenses Estimate what you spend each month	Monthly Expenses	
Transportation		
Gas – miles driven per month _____ divided by _____ (mpg) _____ X current gas prices at pump		
Bus Fare/Parking, Repairs & Maintenance, Oil Changes		
License Tabs – paid once a year		
Food		
Groceries, work related (lunches, snacks), School Lunches		
Insurance		
Health & Life (if not payroll deducted)		
Boat / Recreational Vehicles		
Child Care		
Diapers		
Formula / Baby Food		
Medical		
Dr., Dentist / Braces, Prescriptions, Glasses / Contacts		
Education		
Tuition, School Supplies, Lessons (Music, dance, sports)		
Gifts		
Birthdays, Christmas / Hanukkah, Weddings / Showers / Graduation / Other		
Personal		
Clothing, Dry Cleaning / Laundromat, Detergent / Fabric Softener		
Barber/Beauty Shops, Toiletries, Children’s Allowances, Cigarettes/Tobacco, Liquor		
Entertainment		
Movies / Sporting Events / Video, Health or Social Clubs, Hobbies		
Eating Out, Gambling, Vacations / Trips, Toys		
Other		
Pet Care (food, vet, etc.)		
Miscellaneous		
	For Office Use Only	Total Monthly Expenses \$0
		Available Disposable Income \$

IMPORTANT – APPLICANT MUST READ BEFORE SIGNING

Service(s) made possible through the loan program is your responsibility. The loan does NOT guarantee the items, or the quality of the service performed.

I certify that the information provided throughout this application is true and correct to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I allow the release of the information for verification purposes and understand that it will be used to determine eligibility. I understand that a credit bureau report will be requested as part of the credit verification process.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____