



Thank you for contacting us about our Transportation Loan Program. Included is a loan application for you to complete and return with copies of documents listed below. When you have compiled all of the documentation, please either mail it, email, fax or feel free to drop it off at one of our offices.

- A copy of your valid MN driver's license
- Proof of insurance (required for repair loan) or two (2) full coverage insurance quotes (required for purchase loan)
- Any award letters for monies that include child support, SSI/SSDI, food and/or cash assistance, MFIP, DWP, unemployment or any other kind of assistance
- Pay stubs or proof of employment (last 90 days)
- Copies of any household bills and/or utilities including cell phone, cable, rent, etc.
- Copy of lease, HRA or purchase agreement show the dollar amount of rent paid and utilities included
- Copy of current bank statement
- Proof of loan denial from a bank or other auto financing company

Should your loan application be approved listed below are the guidelines:

Purchase vehicle:

- Mechanics checklist completed by a mechanic not affiliated with the seller of the vehicle
- Purchase agreement identifying seller – name and address, vehicle – make, model, VIN, license plate, purchase amount
- Insurance quote for coverage listing TCC as the lien holder
- Copy of title – if purchasing from individual to show the is a clean title for the vehicle and record TCC as the lien holder
- Payments are made by TCC processing a withdrawal from your checking or savings account – routing and account numbers are required

Repair vehicle:

- Two estimates for work to be completed by licensed mechanic
- Insurance quote for coverage

Please return your completed application and all documentation to one of TCC's offices.

Little Falls Annex
609 13th Ave NE
Little Falls, MN 56345
Phone: 320-632-3691
Fax: 320-639-0042

Brainerd Office
2410 Oak Street
Brainerd, MN 56401
Phone: 218-829-2410
Fax: 855-709-7928

Thank you,

Tara Coffman
Community Services Specialist
tara.coffman@tccaction.com

Maxine Potter
Community Services Specialist
maxine.potter@tccaction.com

How to Complete and Sign a Fillable PDF Form

Option 1: on Computer – Online

Use only the latest version of **Adobe Reader**® to complete fillable PDF forms. Mac and Windows versions of the free Adobe Reader are available from **Adobe**®. Click [here](#).

1. Before completing the document save the form (PDF format) to a location on your computer.
2. Open the PDF form and begin filling it in by typing your information directly into the document.
3. When you are done, on the right-hand side, select Fill & Sign.
4. Select Sign in the Fill & Sign menu.
5. Choose Add Signature or Add Initials.
6. You can draw your signature draw with your trackpad, with a mouse, or import your signature from a photo.
7. If you're on a Surface device, you can use your Surface Pen to write your signature in the field. After you have completed the form, save a final version of the file to your computer.

Option 2: Adobe Fill & Sign App® – for Android and iOS devices

Download the **Adobe Fill & Sign**® app from the Play Store or Apple App Store.

1. Select your PDF and open using **Adobe Fill & Sign**®.
2. Enter the required information into the text fields.
3. Adjust the text size to fit the text field size.
4. Select the fountain pen icon to create a signature or initials.
5. Use your finger to draw your signature above the blue line.
6. Tap the fountain pen again and select your signature.
7. Drag and scale your signature.
8. Select the share icon to save or share your PDF.

Option 3: Print and Complete by Hand

Submission Options (*including needed documentation*):

Email: info@tccaction.com Subject Line: *Community Services*

Drop-off or Mail*:

For Crow Wing County: 2410 Oak St, Brainerd, MN 56401

For Morrison County: 501 LeMieur St, Little Falls, MN 56345

For Todd County: 20 9th St SE, Long Prairie (Drop-Off Weds only) – Mail to Little Falls

Fax: 1 (320) 639-0042

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: _____