



**People inc.**

*Building Futures. Realizing Dreams™*

# CONSUMER LOAN APPLICATION

PLEASE MAKE SURE TO PRINT CLEARLY AND COMPLETE APPLICATION IN FULL.

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 #: \_\_\_\_\_

**Please mail or bring application to any of our locations:**

9324 West Street, Suite 201- Manassas, VA 20110 (571) 445-3020

1173 West Main Street - Abingdon, VA 24210 (276) 623-9000

70 Main St, Suite 23- Warrenton, VA 20186 (571) 359-3897

150 South Main Street - Woodstock, VA 22844 (540) 459-9096

**APPLICANT INFO**

How did you hear about our program? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Are you disabled? \_\_\_\_\_ Male or Female (Circle)

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 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. I further understand that my information will be shared with appropriate People Incorporated staff members if the need for referral to 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 INFO**

How did you hear about our program? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Are you disabled? \_\_\_\_\_ Male or Female (Circle)

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.

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\_\_\_\_\_  
Co- Applicant Signature

\_\_\_\_\_  
Date

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

Total:

Total:

Total Monthly Income: \$ \_\_\_\_\_

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

OTHER EXPENSES			
	Amount		Amount
House Insurance		Food - Groceries	
Car Insurance		Food - Eating Out	
Vehicle Gas/Fuel		Clothing	
Property Taxes		Medical Insurance	
Electricity		Medical Expenses	
Telephone		Child Care	
Cell Phone		Alimony	
Gas (Heat)		Child Support	
Cable		Pet Food/Care	
Water/Sewer		Cigarettes/Alcohol	

Total:

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) _____ Signature of Lender                      Date	4) _____ 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
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## PART II - VERIFICATION OF PRESENT EMPLOYMENT

7) Applicant's Date of Employment: _____	8) Current Pay (Enter Amount and Circle Period Below): \$ _____ Annually Monthly Weekly Hourly Other: _____	
9) Present Position: _____	10) Number of Hours Worked Weekly: _____	
11) If overtime or bonus is applicable, will it continue (circle)? Overtime: Yes or No    Bonus: Yes or No		
12) Remarks/Comments: _____ _____ _____		
3) _____ Signature of Employer	14) _____ Job Title/Position	15) _____ Date