



# CONSUMER LOAN APPLICATION

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

### 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? \_\_\_\_\_

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.

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Applicant Signature

Date

Co-Applicant Signature

Date

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

**Abingdon Office:** 1173 West Main Street Abingdon, VA 24210  
**Phone:** 276-623-9000 **Email:** etaylor@peopleinc.net.

**Culpeper Office:** 233 East Davis Street Culpeper, VA 22701 Phone:  
571-445-3021 **Email:** fbartolo@peopleinc.net

**Manassas Office:** 9324 West Street Suite 201 Manassas, VA 20110  
Phone: 571-445-3021 **Email:** fbartolo@peopleinc.net

**Woodstock Office:** 135 South Main Street Woodstock, VA 22664  
Phone: 540-459-9096 **Email:** fbartolo@peoplinc.net

# 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



## 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) \_\_\_\_\_ 4) \_\_\_\_\_  
Signature of Lender                      Date    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

### PART II - VERIFICATION OF PRESENT EMPLOYMENT

7) Applicant's Date of Employment: \_\_\_\_\_

8) Current Pay (Enter Amount and Check or Specify):  
\$ \_\_\_\_\_  
Annually Monthly Weekly Hourly Other: \_\_\_\_\_

9) Present Position: \_\_\_\_\_

10) Number of Hours Worked Weekly: \_\_\_\_\_

11) If overtime or bonus is applicable, will it continue (check)? Overtime: \_\_\_\_\_ Bonus: \_\_\_\_\_

12) Remarks/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) \_\_\_\_\_ 14) \_\_\_\_\_ 15) \_\_\_\_\_  
Signature of Employer                      Job Title/Position                      Date