



<u>For Office Use Only</u>
Loan # _____
Date Received _____

APPLICATION FOR A LOAN

Name of Applicant _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Cell Phone: _____ Driver's License #: _____

Email Address: _____

HOUSEHOLD MEMBERS
(Including applicant))

Household Member's Name Relationship to Applicant Date of Birth _____

Self _____

(use separate page if necessary)

EMPLOYMENT

Are you currently employed? ____ Yes ____ No Number of hours per week? ____ Hourly Rate?

Current Employer: _____

Address: _____

Contact person: _____ Phone: _____

Date you began working at current employment: _____ Position: _____

List your last three employers, your position with that employer, and the dates of that employment:

- 1) _____
- 2) _____
- 3) _____

If not working, have you filed for unemployment? Yes___ No___ N/A___

HOUSEHOLD INCOME AND EXPENSES

Gross monthly income (paycheck amount before taxes): _____

Please list below your monthly household income from all sources

Monthly Totals		Person receiving income
Pay Check (after taxes)	\$ _____	_____
Alimony	\$ _____	_____
Child Support	\$ _____	_____
TANF Assistance	\$ _____	_____
SSI/SSDI	\$ _____	_____
VA Benefits	\$ _____	_____
Unemployment	\$ _____	_____
Other Sources of Income	\$ _____	_____
Total Monthly Income	\$ _____	_____

Have you received assistance elsewhere? Yes _____ No _____

If Yes, Where _____ For What? _____

*In submitting this request, I am affirming that I have contacted my bank, mortgage company, utility, landlord, childcare provider etc. to request advance on direct deposit, deferral or assistance available for those affected by COVID response, yet still require assistance.

Request for Loan:

\$ _____ for _____

Please briefly describe the current crisis and how it is impacting you and/or your family?

Please describe how the loan will be used? (All Fund distributions will be made directly to vendors on behalf of the approved applicant; no funds will be distributed to individuals).

Please provide the following information, which will be used by authorized personnel for statistical purposes only. **This data will not impact the selection the selection process. Vehicles for Change does not discriminate based on race, color, sex, religion, familial status, disability or national origin.**

Race (please check one only)

- White, non-Hispanic
- Black, non-Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic
- Other _____ (Specify)

Primary Language:

- English
- Spanish
- Vietnamese
- Korean
- Farsi
- Other _____ (Specify)

Household Status:

- Single unmarried with child (ren)
- Married with child (ren)
- Divorced with child (ren)
- Separated with child (ren)

Income:

- Less than \$20,000
- \$20,000 - \$35,000
- \$35,000 - \$50,000
- More than \$50,000

Highest Level of Education:

- Less than Elementary
- Elementary (1-6)
- Middle (7-8)
- High School (9-12)
- Some College (# of years) _____
- Trade Certificate
- Associates Degree
- College Degree
- Advanced Degree

Military Service Status:

- Yes
- No

Military Discharge Status:

- Honorable
- Dishonorable
- N/A

Read Carefully and Sign Below

I have read the eligibility guidelines as outlined on page one of this application and I meet each of the requirements necessary to qualify for a loan from the Pay It Forward Direct Assistance Loan Fund.

The information provided by me in this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for the rejection of this application. Further, I understand and agree that evaluation of this application does not guarantee a loan from the Pay It Forward Direct Assistance Loan Fund.

Signature of Applicant(s) _____

Date _____