



**LOAN PROGRAM APPLICATION**

Date: \_\_\_\_\_ Driver License # \_\_\_\_\_

**Applicant's Name (Please Print)** \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Time at this address: \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_\_

Own Home:  Yes  No Mortgage/Rent Amount \$ \_\_\_\_\_

Previous Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Time at this address: \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_\_

**How did you learn about this program?** \_\_\_\_\_

For what purpose will this loan be used?  Car Purchase  Car Repair(s)

\*\* Optional information about alimony, child support or separate maintenance income: This information and other information need not be revealed if you do not want it considered as a basis for repaying this obligation.

Income from child support, alimony or maintenance payments \$ \_\_\_\_\_

How long received? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Name of payer \_\_\_\_\_

Address of payer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Name of nearest relative or friend not living with you: (Please provide three if possible)**

1. \_\_\_\_\_  
Name Relationship Home Phone Number  
\_\_\_\_\_  
Mailing Address Cellular Phone Work Phone Number

2. \_\_\_\_\_  
Name Relationship Home Phone Number  
\_\_\_\_\_  
Mailing Address Cellular Phone Work Phone Number

3. \_\_\_\_\_  
Name Relationship Home Phone Number  
\_\_\_\_\_  
Mailing Address Cellular Phone Work Phone Number

**Present Employer**

Employer Name \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Employer's Address \_\_\_\_\_

Occupation \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_ Extension \_\_\_\_\_

Date Hired \_\_\_\_\_ Average hours per week \_\_\_\_\_

**Previous Employers**

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Date Hired \_\_\_\_\_ to \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Date Hired \_\_\_\_\_ to \_\_\_\_\_  
Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Do you pay any alimony, child support or maintenance?  Yes\*\*  No

Are there any claims, suits or judgments against you?  Yes\*\*  No

Are you a co-signer or guarantor for anyone?  Yes \*\*  No

\*\* If you answered yes to any of the above section, please explain:

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**Others living with you (including children):**

Name	Relationship	Date of birth
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¿How do you currently get to work? \_\_\_\_\_ ¿How far is it to work? \_\_\_\_\_

¿Is the bus available?  Yes  No

¿Do you transport children to daycare and/or school?  Yes  No ¿How far is it? \_\_\_\_\_

¿Do you currently own a vehicle?  Yes  No

If yes, date purchased and purchase price:

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Your current vehicle: year, make, model, odometer, repairs needed and repair estimate:

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**CO-APPLICANT OR CO-SIGNER:**

(Complete this section only if the co-signer will be contractually liable on the account, OR applicant is relying on co-applicant's income as a basis for repayment of account)

**Name (Please Print)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cellular Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZipCode** \_\_\_\_\_ **County** \_\_\_\_\_

Time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Own Home:  Yes  No Mortgage/Rent Amount \$ \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

**Present Employer Name:** \_\_\_\_\_

Present Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Average hours per week: \_\_\_\_\_

Date Hired: \_\_\_\_\_

**Previous Employer Name:** \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\*\*Alimony, child support or separate maintenance income need not be revealed if you do not want it considered as a basis for repaying this obligation.

Income from child support, alimony or maintenance payments: \$\_\_\_\_\_

How long received?: \_\_\_\_\_ Years \_\_\_\_\_ Months

Name of Payer: \_\_\_\_\_

Address of Payer: \_\_\_\_\_

**IMPORTANT—APPLICANT *MUST* READ BEFORE SIGNING**

The selection of service(s) or item(s) made possible through the Ways to Work loan program is your responsibility. La Casa de Esperanza Inc. does not guarantee the items or quality of the service performed.

I certify that the information provided throughout this application is true and correct. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine eligibility. I acknowledge a credit report will be obtained by the program director at loan entry and at loan conclusion. If I receive a loan, I understand that non-payment may result in collection activity such as: repossession, third-party collections, legal action, or wage assignment. If in default, I authorize the Name of Agency to release information to third-parties necessary for collection activity. This application is creditor's property. I acknowledge that the Program Director will register me for Rideshare if I will approve for a Loan.

Notice to married applicant(s): No provision of any marital property agreement, unilateral statement under WI SS 766.59 or court decree under WI SS 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement ,statement or decree or has actual knowledge of the adverse provision.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Notice to Co-Signer: You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept the responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount. The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as: litigation, garnishment, third-party collection activity. If this debt is every in default, that fact may become a part of your credit record. This notice is not the contract that makes you liable for the debt. I acknowledge reading this notice before I signed the promissory note.

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

\_\_\_\_\_  
Date