| Double-Click project Loan Application | | | | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please fill out the application as completely as possilble, writing “na” to questions that do not apply to your situation. Person responsible for the loan payment is the applicant. | | | | | | | | | |
| **Applicant Information (please enter who is responsible for the loan payments)** | | | | | | | | | |
| NAME: | | | | | | | | | |
| DATE OF BIRTH: | | | | PRIMARY PHONE: | | | EMAIL: | | |
| TXDL, ID OR SSN: | | | | ALTERNATE PHONE: | | |
| CURRENT ADDRESS: | | | | | | | COUNTY: | | |
| CITY: | | | | STATE: | | | ZIP CODE: | | |
| GENDER | MALE | FEMALE | | RACE: | | |  | | |
| **Income** | | | | | | | | | |
| list all **gross** monthly income received by the applicant, including but not limited to social security benefits, retirement, child support, alimony, va benefits, employment income, etc. | | | | | | | | | |
| **APPLICANT: INCOME** | | | | | | | | | |
| SOURCE | | | | | | AMOUNT | | | |
| EMPLOYMENT | | | | | | $ | | | |
| SOCIAL SECURITY | | | | | | $ | | | |
| SSI | | | | | | $ | | | |
| SSDI | | | | | | $ | | | |
| RETIREMENT | | | | | | $ | | | |
| VA BENEFITS | | | | | | $ | | | |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | $ | | | |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | $ | | | |
| **APPLICANT MONTHLY INCOME TOTAL** | | | | | | $ | | | |
| **eXPENSES** | | | | | | | | | |
| PLEASE PROVIDE INFORMATION ABOUT YOUR TOTAL HOUSEHOLD MONTHLY EXPENSES BY ENTERING THE AMOUNT IN THE APPROPRIATE BOX. WRITE “NA” IN THE BOXES FOR EXPENSES YOU DO NOT HAVE. | | | | | | | | | |
| **EXPENSE** | | | **SOURCE** | | | | | **AMOUNT** | |
| RENT/MORTGAGE PAYMENT | | |  | | | | | $ | |
| UTILITIES | | | GAS, ELECTRIC, PHONE, ETC. | | | | | $ | |
| INSURANCE | | | AUTO, HEALTH, LIFE | | | | | $ | |
| GROCERIES | | | CASH SPENT ON FOOD (**NOT INCLUDING FOODSTAMPS**) | | | | | $ | |
| LIABILITIES | | | CREDIT CARDS, AUTO LOANS, STUDENT LOANS, FINANCE COMPANIES, GAS CARDS, PAGERS, CELL PHONES, DEPT. STORE CREDIT CARDS | | | | | $ | |
| TRANSPORTATION | | | BUS, TAXI, AUTO MAINTENANCE | | | | | $ | |
| CHILD CARE | | |  | | | | | $ | |
| MEDICAL/PRESCRIPTIONS | | |  | | | | | $ | |
| EDUCATION | | | TUITION, BOOKS | | | | | $ | |
| ALIMONY/CHILD SUPPORT | | |  | | | | | $ | |
| PERSONAL EXPENSES | | | PERSONAL HYGIENE PRODUCTS, CLOTHING, DRY CLEANING, BEAUTY/BARBER SHOP | | | | | $ | |
| HOUSEHOLD EXPENSES | | | MAINTENANCE, CLEANING SUPPLIES, LAWN CARE, HOSEHOLD ITEMS, ETC. | | | | | $ | |
| RECREATION | | | DINING OUT, MOVIES, CD’S, CABLE, ALCOHOL, TOBACCO, ETC. | | | | | $ | |
| CONTRIBUTIONS | | | CHURCH, GIFTS, DONATIONS | | | | | $ | |
| OTHER | | |  | | | | | $ | |
|  | | | **MONTHLY EXPENSES TOTAL** | | | | | $ | |
| **Residual income** | | | | | | | | | |
| TO FIND RESIDUAL INCOME, SUBTRACT YOUR TOTAL MONTHLY EXPENSES FROM YOUR TOTAL MONTHLY INCOME. IF APPROVED, YOUR RESIDUAL INCOME TOTAL WILL BE USED TO DETERMINE YOUR LOAN’S MONTHLY PAYMENT PLAN. | | | | | | | | | |
| **SOURCE** | | | | | | | | | **AMOUNT** |
| TOTAL MONTHLY INCOME | | | | | | | | | $ |
| TOTAL MONTHLY EXPENSES | | | | | | | | | $ |
|  | | | | | **RESIDUAL INCOME** | | | | $ |

|  |  |
| --- | --- |
| **certification** | |
|  | |
| APPLICANT RELATIONSHIP TO COMPUTER USER: | |
| I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I (WE) UNDERSTAND THAT ANY OMISSIONS OR DISCREPANCIES FOUND LATER MAY BE GROUNDS FOR DISQUALIFICATION FOR ASSISTANCE FROM THE ‘DOUBLE-CLICK’ PROJECT LOAN PROGRAM. I (WE) AUTHORIZE THE ‘DOUBLE-CLICK’ PROJECT LOAN PROGRAM TO VERIFY ANY AND ALL OF THE INFORMATION PROVIDED. I (WE) AGREE TO ADHERE TO ALL ‘DOUBLE-CLICK’ PROJECT LOAN RULES, POLICIES AND PROCEDURES.  I (WE) UNDERSTAND THAT FINANCIAL LITERACY COUNSELING MAYBE REQUIRED TO ACCESS THE FINANCIAL ASSISTANCE OFFERED THRU THE ‘DOUBLE-CLICK’ PROJECT LOAN. | |
| APPLICANT’S SIGNATURE: | DATE: |