| 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: |