| Double-Click project Loan Application |  |
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| Please **Print** and fill out the application as completely as possilble, writing “na” to questions that do not apply to your situation. Complete the Co-applicant section if there is a co-applicant or if applicant is under the age of 18. Note: This form will be used to determine the amount of loan assistance to be provided by the Double click project loan. |
| **Applicant Information (please enter who the computer is for)** |
| NAME:   |
| DATE OF BIRTH:   | PRIMARY PHONE: | EMAIL: |
| TXDL, ID OR SSN: | ALTERNATE PHONE: |
| CURRENT ADDRESS: | COUNTY: |
| CITY: | STATE: | ZIP CODE: |
| GENDER  | MALE | FEMALE | RACE: |  |
| **Co-Applicant Information**  |
| NAME: |
| DATE OF BIRTH: | PRIMARY PHONE: | EMAIL: |
| TXDL, ID OR SSN: | ALTERNATE PHONE: |
| CURRENT ADDRESS: | COUNTY: |
| CITY: | STATE: | ZIPCODE: |
| GENDER | MALE | FEMALE | RACE: | RELATIONSHIP TO CLIENT: |
| **Request Statement** |
| Please explain the reason for your request for a loan from the ‘double-click’ project loan. include why you are facing a financial situation that led you to applying for a loan (examples include a hospitalization or illness, breaks in medicaid coverage or ssi income, natural disasters or loss of employment). |
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| HAVE YOU TRIED TO ACCESS ASSISTANCE FROM OTHER ORGANIZATIONS? IF ‘YES’ PLEASE EXPLAIN.  | YES | NO  |
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| **Income** |
| list all **gross** monthly income received by the applicant and co-applicant including but not limited to social security benefits, retirement, child support, alimony, va benefits, employment income, etc. |
| **APPLICANT: INCOME** | **CO-APPLICANT: INCOME**  |
| SOURCE | AMOUNT | SOURCE | AMOUNT |
| EMPLOYMENT | $ | EMPLOYMENT | $ |
| SOCIAL SECURITY | $ | SOCIAL SECURITY | $ |
| SSI | $ | SSI | $ |
| SSDI | $ | SSDI | $ |
| RETIREMENT | $ | RETIREMENT | $ |
| VA BENEFITS | $ | VA BENEFITS | $ |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **APPLICANT MONTHLY INCOME TOTAL** | $ | **CO-APPLICANT MONTHLY INCOME TOTAL** | $ |
|  |
| **OTHER INCOME** |
| LIST ALL OTHER MONTHLY INCOME RECEIVED BY ALL OTHER FAMILY MEMBERS. |
| **RELATIONSHIP TO APPLICANT** | **SOURCE** | **AMOUNT** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  | **OTHER MONTHLY INCOME TOTAL** | $ |
|  |
| **TOTAL INCOME FROM ALL SOURCES** |
| PLEASE ENTER THE TOTALS FROM ALL **INCOME** SOURCES IN THE SPACES PROVIDED |
| **SOURCE** | **AMOUNT** |
| APPLICANT’S TOTAL MONTHLY INCOME | $ |
| CO-APPLICANT’S TOTAL MONTHLY INCOME | $ |
| OTHER FAMILY MEMBERS’ TOTAL MONTHLY INCOME | $ |
|  | **TOTAL MONTHLY INCOME** | $ |
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| **ALTERNATE CONTACTS** |
| PLEASE LIST, AT LEAST, TWO (**2**) CONTACTS, A FAMILY MEMEMBER OR TRUSTED FRIEND, THAT WE MAY CONTACT IN THE EVENT THAT WE ARE UNABLE TO GET IN CONTACT WITH YOU |
| **NAME** | **ADDRESS** | **PHONE** |
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| **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** | $ |
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| **DISABILITY RELATED EXPENSES** |
| PLEASE PROVIDE INFORMATION ABOUT DISABILITY RELATED EXPENSES (I.E., ADAPTIVE AIDS, ASSISTIVE TECHNOLOGY, MEDICAL SUPPLIES, AND PERSONAL ASSISTANCE SERVICES) FOR ALL INDIVIDUALS IN THE HOUSEHOLD WHO EXPERIENCE A DISABILITY. LIST ONLY THOSE EXPENSES PAID FOR OUT OF POCKET, NOT THOSE COVERED BY PROGRAMS AND BENEFITS. |
| **NAME OF PERSON UTILIZING DISABILITY AIDS OR SERVICES** | **SOURCE** | **AMOUNT** |
|  |  | $ |
|  |  | $ |
|  | **DISABILITY RELATED EXPENSE TOTAL** | $ |
|  |
| **TOTAL EXPENSES FROM ALL SOURCES** |
| PLEASE ENTER THE TOTALS FROM ALL **EXPENSE** SOURCES IN THE SPACES PROVIDED |
| **SOURCE** | **AMOUNT** |
| MONTHLY EXPENSES TOTAL | $ |
| DISABILITY RELATED EXPENSES TOTAL | $ |
|  | **TOTAL MONTHLY EXPENSES** | $ |
| **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.**NOTE**: RESIDUAL INCOME MUST NOT BE EQUAL TO OR LESS THAN ZERO FOR LOAN CONSIDERATION. |
| **SOURCE** | **AMOUNT** |
| TOTAL MONTHLY INCOME | $ |
| TOTAL MONTHLY EXPENSES | $ |
|  | **RESIDUAL INCOME** | $ |

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| **assets** |
| PLEASE ENTER THE AMOUNTS IN YOUR SAVINGS OR CHECKING ACCOUNTS, ANY MONETARY GIFTS THAT YOU MAY RECEIVE AND ANY OTHER BENEFITS IN THE SPACES PROVIDED. |
| **APPLICANT: ASSETS** | **CO-APPLICANT: ASSETS**  |
| SOURCE | AMOUNT | SOURCE | AMOUNT |
| SAVINGS ACCOUNT | $ | SAVINGS ACCOUNT | $ |
| CHECKING ACCOUNT | $ | CHECKING ACCOUNT | $ |
| GIFTS FROM RELATIVES | $ | GIFTS FROM RELATIVES | $ |
| OTHER BENEFITS | $ | OTHER BENEFITS | $ |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ | OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| **APPLICANT ASSETS** | $ | **CO-APPLICANT ASSETS** | $ |

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| **certification** |
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| APPLICATION COMPLETED BY: | DATE: |
| RELATIONSHIP TO APPLICANT: |
| 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: |
| CO-APPLICANT’S SIGNATURE: | DATE: |