

DOUBLE-CLICK PROJECT LOAN APPLICATION



PLEASE **PRINT** AND FILL OUT THE APPLICATION AS COMPLETELY AS POSSIBLE, 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 <input type="checkbox"/>	FEMALE <input type="checkbox"/>	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 <input type="checkbox"/>	FEMALE <input type="checkbox"/>	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).

HAVE YOU TRIED TO ACCESS ASSISTANCE FROM OTHER ORGANIZATIONS? IF 'YES' PLEASE EXPLAIN.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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	\$

ALTERNATE CONTACTS

PLEASE LIST, AT LEAST, TWO (2) CONTACTS, A FAMILY MEMBER 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, HOUSEHOLD ITEMS, ETC.	\$
RECREATION	DINING OUT, MOVIES, CD'S, CABLE, ALCOHOL, TOBACCO, ETC.	\$
CONTRIBUTIONS	CHURCH, GIFTS, DONATIONS	\$
OTHER		\$
	MONTHLY EXPENSES TOTAL	\$

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

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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		\$

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	\$

CERTIFICATION

APPLICATION COMPLETED BY:		DATE:
RELATIONSHIP TO APPLICANT:		
<p>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.</p> <p>I (WE) UNDERSTAND THAT FINANCIAL LITERACY COUNSELING MAYBE REQUIRED TO ACCESS THE FINANCIAL ASSISTANCE OFFERED THRU THE 'DOUBLE-CLICK' PROJECT LOAN.</p>		
APPLICANT'S SIGNATURE:		DATE:
CO-APPLICANT'S SIGNATURE:		DATE: