



Loan Application Cover Sheet

How much money do you need to borrow? \$ _____

What are the loan funds going to use for? _____

Requested monthly payment amount? \$ _____

What due date do you need? (**5th, 15th, 25th**): _____

Do you want the payment withdrawn from an account? Y / N

Are you providing collateral? Y / N

Are you providing a co-signer? Y / N

Basic Items Needed: (more information may be requested)

- \$20.00 non-refundable loan application fee (required to process application)
- Completed loan application
- Proof of income:
 - W2 Wage Earner
 - 30 days most recent paystubs
 - Business Owner
 - Year to date profit and loss statement
 - Bank Statements
 - Most recent year personal tax returns.
- Copies of titles/photos and description for collateral (if applicable)
- Letter of explanation for any credit challenges or special circumstances (if applicable)



COMMUNITY LENDINGWORKS

APPLICANT		
NAME (First, Middle, Last)		
SOCIAL SECURITY NUMBER	BIRTH DATE	
AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE	
DAYTIME PHONE	EMAIL ADDRESS	
BUSINESS PHONE/EXT		
PRESENT ADDRESS (STREET – CITY – STATE – ZIP)		
HOW LONG AT CURRENT RESIDENCE? If less than two years.		
PREVIOUS ADDRESS (STREET – CITY – STATE – ZIP)		
<input type="checkbox"/> MARRIED <input type="checkbox"/> Single		
NAME AND ADDRESS OF EMPLOYER		
If employed less than 5 years, complete previous employer		
TITLE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
EMPLOYMENT INCOME		
GROSS: \$	PER	NET: \$ PER
OTHER INCOME: \$		
SOURCE:		
PREVIOUS EMPLOYER NAME AND ADDRESS	START DATE	ENDING DATE
REFERENCE		
NAME: _____		
ADDRESS: _____		
PHONE: _____		
RELATIONSHIP TO YOU: _____		

CO-APPLICANT		
NAME (First, Middle, Last)		
SOCIAL SECURITY NUMBER	BIRTH DATE	
AGES OF DEPENDENTS	DRIVER'S LICENSE NUMBER/STATE	
DAYTIME PHONE	EMAIL ADDRESS	
BUSINESS PHONE/EXT		
PRESENT ADDRESS (STREET – CITY – STATE – ZIP)		
HOW LONG AT CURRENT RESIDENCE? If less than two years.		
PREVIOUS ADDRESS (STREET – CITY – STATE – ZIP)		
<input type="checkbox"/> MARRIED <input type="checkbox"/> Single		
NAME AND ADDRESS OF EMPLOYER		
If employed less than 5 years, complete previous employer		
TITLE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
EMPLOYMENT INCOME		
GROSS: \$	PER	NET: \$ PER
OTHER INCOME: \$		
SOURCE:		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	START DATE	ENDING DATE
REFERENCE		
NAME: _____		
ADDRESS: _____		
PHONE: _____		
RELATIONSHIP TO YOU: _____		

WHAT YOU OWE	CREDITOR NAME	MONTHLY PAYMENT	OWED BY		
			APPLICANT	CO-APP	
RENT		\$			
FIRST MORTGAGE (INCL. TAX & INS.)		\$			
2 ND MORTGAGE		\$			
1 ST AUTO LOAN		\$			
2 ND AUTO LOAN		\$			
CHILD-CARE		\$			
CHILD SUPPORT		\$			
CREDIT CARD		\$			
CREDIT CARD		\$			
OTHER		\$			
OTHER		\$			
		\$			
WHAT YOU OWN	LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	PLEGGED AS COLLATERAL FOR ANOTHER LOAN?		OWNED BY	
		Yes	No	APPLICANT	CO
HOME					
AUTO		Yes	No		
SAVINGS		Yes	No		
CHECKING		Yes	No		
OTHER (Describe)		Yes	No		
OTHER INFORMATION ABOUT YOU				Applicant	CO- APP
1. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGEMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY?				YES	NO
2. DO YOU CURRENTLY HAVE OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?				YES	NO
3. DO YOU CURRENTLY HAVE OR HAD A PROPERTY FORECLOSED UPON OR REPOSESED IN THE LAST 7 YEARS?				YES	NO
4. HAVE YOU EVER BEEN DECLINED FOR A LOAN?				YES	NO
5. ARE YOU A CO-MARKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?				YES	NO
FOR WHOM (name of others obliged on loan):			TO WHOM(Name of Creditor):		
<i>I authorize CLW to obtain credit reports and verify any information in connection with this application. I agree CLW may contact me, for all notices and reminders pertaining to my account, by phone at any phone number listed with my account, including cell numbers, which may result in additional charges. I agree to receive text messages, which may result in text messaging rates. CLW may also contact me by sending e-mails, using any e-mail address provided. I can discontinue electronic delivery service at any time by notifying CLW directly.</i>					
SIGNATURES					
APPLICANT'S SIGNATURE			DATE		OTHER SIGNATURE
					DATE
FOR LOAN OFFICER USE ONLY					
DATE		APPROVED DENIED	ENTER \$ AMOUNT:		
LOAN OFFICER COMMENTS:					
SIGNATURES & DATE:					



The following information is used for grant purposes only and will have no bearing on your credit application. If you prefer to not provide this information, please check this box.

Total Number of people in your household?		Which Gender do you identify with? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Family Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Male head of household <input type="checkbox"/> Female head of household		Do you identify as LGBTQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please select both Ethnicity and Race: (select as many as apply)</i> Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Other multiple races	
Ethnicity: (select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Are you a U.S. veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving services for a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about us? <input type="checkbox"/> Event/Expo <input type="checkbox"/> Professional Referral _____ <input type="checkbox"/> NEDCO/Class/Counseling <input type="checkbox"/> Referred by family/friend _____ <input type="checkbox"/> Other _____			