

WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC. FAMILY LOAN PROGRAM CHECKLIST

Applicant's Name: _____ Today's Date: _____

Return Application Deadline: _____

The West Central Minnesota Communities Action, Inc. Family Loan Program Board meets to Review completed applications once each month. If you would like your loan application Reviewed at the next loan committee meeting, return or mail your completed application and The necessary verification forms by the date shown above to:

West Central MN Communities Action, Inc.
Financial Services Coordinator
411 Industrial Park Boulevard – PO Box 956
Elbow Lake, MN 56531-0956

PLEASE SUBMIT THE FOLLOWING ITEMS

- _____ A photocopy of your Minnesota Driver's License and/or a picture ID
- _____ Completed and signed WCMCA, Inc. Loan Fund Application
- _____ Completed and signed Credit Authorization Form for running a credit report and a checking account reference when applicable

Income Verification:

- _____ Employment (Paycheck stubs for the last three consecutive months, or a statement From your employer)
- _____ Other Income (MFIP, Food Support, Child Support, Social Security, MFIP determination Letter regarding employment)

Expense Verification:

- _____ Rent/mortgage (canceled checks, copy of lease, or mortgage booklet for last three consecutive months)
- _____ Other expenses (i.e., child care, major debt, utility bills, phone bill, student loan Payments, credit cards, medical bills, etc.) _____
List types of other expenses

Student Verification:

- _____ A current student transcript or grade letter
- _____ A current student loan/grant award letter

Other Verification, specifically: _____

FAMILY LOAN BUDGET FORM

Source of Income	How often received	Gross Income	Net Income

Total Monthly Income \$ _____

Include as income:

- Employment, MFIP, Social Security, and/or Food Support
- Yearly Fuel Assistance Grant, Student Loans and Grants (annual amounts)
- Optional: Child Support or Alimony – How much child support are you supposed to receive each month? \$ _____

EXPENSES (Estimate of what you spend per month)	MONTHLY PAYMENTS	BALANCE OWING
Utilities: Gas/Water/Sewer		
Electric		
Heat (monthly average)		
Phone (local and long distance)		
Garbage		
Rent/Mortgage		
Clothing (average monthly)		
Personal Needs (household, laundry, soaps, etc.)		
Miscellaneous (newspapers, magazines, cable TV, cigarettes)		
Transportation: Gas		
Car Maintenance (monthly estimate)		
Bus/Taxi		
Child Care		
Food		
Insurance: House/Renter		
Health		
Car		
Other (specify)		
TOTAL EXPENSES:		
Debt		
Loans: Auto Loans		
Student Loans		
Bank Loans (co-signed)		
Other		
Credit Cards		
Store Credit Cards		
Medical Bills		
Dental Bills		
TOTAL DEBT:		
TOTAL EXPENSES + DEBT:		

WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC.
FAMILY LOAN PROGRAM
CREDIT APPLICATION FORM

1) Applicants Name (Please Print) _____ Date of Birth: _____ Social Security #: _____
 Home Phone Number _____ Address _____ City _____ State _____ Zip _____
 County _____ Time at this address _____ Own Home Y N Amount of Mortgage or Rent per month \$ _____
 Previous Address: _____ City: _____ State: _____ Zip _____ County _____

2) Present Employer (name and address) _____ Occupation _____
 Supervisor _____ Business Phone _____ Average hours per week _____ Date Hired _____

3) Previous Employer (name and address) _____
 Business Phone _____ Previous Occupation _____ Dates Employed _____

4) Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as basis for repaying this obligation.
 Amount of income from child support, alimony, or maintenance \$ _____ How long received _____ Name of payer _____
 Address of Payer _____ City _____ State _____ Zip _____

5) Family Gross Monthly Income:

ITEM	BORROWER	CO-BORROWER	TOTAL
Base Employment Income	\$ _____	\$ _____	\$ _____
Second Job			
General Assistance			
MFIP			
Social Security			
Food Support			
Child Support			
Alimony			
Other			
TOTAL	\$ _____	\$ _____	\$ _____

Is any income in Section 5 likely to be reduced before the loan is paid? If yes, please explain: _____

6) Are you paying alimony, child support, or maintenance? _____ Yes _____ No
 Are there any claims, suits, or judgments against you? _____ Yes _____ No
 Are you a co-signer or guarantor for anyone? _____ Yes _____ No
 Have you ever filed bankruptcy? _____ Yes _____ No

If the answer is yes to any of the Section 6 questions, please explain: _____

7) Name, address, and phone number of nearest relative not living with you: _____

7) Reference: List all banks, stores, charge cards, etc. where you have accounts. Loans which you have paid in full may be included, if you desire.

ITEM	ACCOUNT WITH	CITY
Checking		
Savings		
Mortgage		
Auto Loan		
Other Loans		
Credit Account		
Credit Account		
Electricity Account		
Water and Gas Account		

8) Others living with you (including children):

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9) List all education and training programs you are attending: Program _____

School Name _____ Counselor _____

Phone _____ Anticipated graduation date _____ Number of credits completed _____ Credits needed to graduate _____

10) For what purposes will this loan be used? _____

If the loan is for transportation: How are you currently getting to work or school? _____ How far is it to work/school? _____

How do you transport children to day care? _____ How far is day care? _____ Do you own a vehicle? _____

If yes, Date purchased _____ Purchase price \$ _____ Current vehicle: Year, make, model, odometer, repairs needed and repair estimates: _____

How did you hear about the West Central MN Communities Action, Inc. Family Loan Fund? _____

CO-APPLICANT OR CO-SIGNER: Complete this section only if (1) co-applicant will be contractually liable to the West Central McKnight Family Loan Fund on the account, or (2) the applicant is relying on co-applicant's income as a basis for repayment of the account.

11) Name (Please print) _____ Date of Birth _____ Social Security # _____

Home phone number _____ Address _____ City _____ State _____ Zip _____

County _____ Time at this address _____ Own Home? Y _____ N _____ Amount of mortgage/rent? _____

Previous Address _____ City _____ State _____ Zip _____ County _____

12) Present Employer (name and address) _____ Occupation _____

Supervisor _____ Business Phone _____ Average Hours per Week _____ Date Hired _____

13) Previous Employer (name and address) _____

Business Phone _____ Previous Occupation _____ Dates employed _____

14) Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Amount of income from child support, alimony, or maintenance \$ _____ How long received _____ Name of Payer _____

Address of Payer _____ City _____ State _____ Zip _____

ACCEPTANCE OF RESPONSIBILITY

IMPORTANT: APPLICANT AND/OR CO-APPLICANT MUST READ BEFORE SIGNING

The selection of service(s) or item(s) made possible through the West Central Minnesota Family Loan Program is your responsibility. The West Central Minnesota Family Loan Program does not guarantee the items of the quality of the service performed.

15) I/we certify that the information provided throughout this application is true and correct. I/we am/are also aware that the information that I/we have provided is subject to review and verification. I/we allow the release of this information for verification purposes and understand that it will be used to determine eligibility. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us.

Signature of Applicant	Date	Signature of Co-Applicant	Date
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16) NOTICE TO CO-SIGNER:

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure that you can afford to pay if you have to and that you want to accept the responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs which increases this amount.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become part of your credit record.

This notice is not the contract that makes you liable for the debt. I acknowledge reading this notice before I signed the promissory note.

Signature of Co-Signer	Date
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Unless the credit applicant does not qualify under special requirements that define eligibility for a credit program offered by a not-for-profit organization to an economically disadvantaged class of persons, the Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) or because all or part of the applicant's income is derived from any public assistance program. In any event, the Federal Equal Credit Opportunity Act prohibits creditors from discriminating against co-applicants because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning these creditors is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Retail Installment Credit Application

PLEASE PRINT

I am applying _____ Alone _____ With a Co-Applicant _____ As a Co-Signer for: _____
 My Co-Applicant is one _____ Who will also be liable to pay my contract
 _____ Whose income I am relying on to pay my contract (source of income) _____

INFORMATION ABOUT ME:

Name		Date of Birth	
Street Address		Social Security Number	
City	State	Zip	Time at this address
Number of Dependents (excluding self)	Home Phone	Business Phone	
Own or Rent	If own, Purchase Price	Current Value	
Previous Street Address		Time at this address	
City	State	Zip	Monthly Gross Income
Current Employer	Position or Title	Start Date	
Address of Employer	City	State	Zip
Previous Employer	Position or Title	Time with this employer	

INFORMATION ABOUT MY CO-APPLICANT (Only if applying with a Co-Applicant)

Name		Date of Birth	
Street Address		Social Security Number	
City	State	Zip	Time at this address
Number of Dependents (excluding self)	Home Phone	Business Phone	
Own or Rent	If own, Purchase Price	Current Value	
Previous Street Address		Time at this address	
City	State	Zip	Monthly Gross Income
Current Employer	Position or Title	Start Date	
Address of Employer	City	State	Zip
Previous Employer	Position or Title	Time with this employer	

I/we certify that the information stated in this application is true, correct to the best of my knowledge, and a complete statement of my financial condition. I/we understand that this application will be kept whether or not it is approved. You and subsequent creditors are authorized to check my credit and employment history, to answer questions about your credit experience with me/us and to disclose credit information to each other.

Applicant's Signature	Date	Co-Applicant's Signature	Date

West Central MN Communities Action, Inc.
411 Industrial Park Boulevard

Elbow Lake, MN 56531

218-685-4486 or 1-800-492-4805

FAX: 218-685-6741

Please run a credit report on the following client and fax to me. Thanks!

Name _____

Address _____

Phone # _____

Social Security # _____

Date of Birth _____

Current Employer _____

Occupation _____

Previous Employer _____

Previous Occupation _____

Previous Address _____

YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask?

Generally the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible for.

With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to the Executive Director of West Central MN Communities Action at:

Stephen Nagle, Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

If you have any questions about the information on this form, ask a staff person.

I understand my rights and have been given a copy for my records,

Signed: _____

Date: _____

West Central MN Communities Action, Inc. Discrimination Policy

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Gender
- Marital status
- Status with regard to public assistance
- Disability
- Sexual orientation
- Age

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Human Resource Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531
1-218-685-4486 or 1-800-492-4805, Ext. 112

I have discussed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:

Signed: _____

Date: _____

Minnesota Visions Notice & Consent

We collect personal information about the people we serve and store this information in the Minnesota Visions computer system.

Why?

- To determine your eligibility in our programs and suggest other programs you may be eligible for.
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

Your Rights

- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing):

WCMCA
Attn: Steve Nagle Executive Director
411 Industrial Park Blvd
Elbow Lake, MN 56531

For: _____
Print: First and Last Name

Date of birth

My signature shows that I understand the language in this document above, that I agree with these terms, and that I permit WCMCA to enter my personal information into the Minnesota Visions computer system.

SIGNATURE OF CLIENT OR GUARDIAN

DATE



West Central Minnesota Communities Action, Inc.

411 Industrial Park Blvd., Elbow Lake, MN 56531

218-685-4486 or 1-800-492-4805

Fax: 218-685-6741

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant

Date of Birth

Name of Co-Applicant

Date of Birth

I (we) authorize the following entities to release and exchange information about me (us) and other household members for the purposes of verification and determining eligibility for program services.

- Social Services
- Financial institutions
- Mortgage companies
- Credit Reporting Agencies
- Parole officers
- _____

- Employers
- MN Workforce Center
- Landlords
- Attorneys
- Northern Connections
- _____

I (we) also give permission to enter data about our household/household members and our case into any necessary data bases, which may include Visions, HMIS, Counselor Max, and ROMA. I understand that these databases are for the reporting purposes of WCMCA, Inc., and that I have the right to request the exclusion of any private data, such as names, social security numbers, exact birthdates, etc. _____

I (we) understand that the information will not be disclosed to other sources unless specifically authorized by law or written consent. I (we) understand that I (we) may refuse to release this information and the consequences of this refusal may result in possible denial of my (our) loan/grant application.

I (we) understand that I (we) may revoke this consent at any time (not retroactive). I (we) further understand that revocation must be in writing.

Date

Applicant's Signature

Co-Applicant's Signature