

EL PASO COLLABORATIVE
for
Community and Economic Development
10935 Ben Crenshaw, Ste.200 El Paso, Texas 79935
Phone (915)-590-1210 ext. 154 Fax (915)-590-1219

CONSUMER LOAN APPLICATION

Amount Requested \$ _____ Have you had a loan with EPC before? Yes No

APPLICANT INFORMATION:

Last Name _____ First Name _____ Soc. Sec. # _____

Physical Address: _____ City _____

State _____ Zip _____ County _____

Mailing Address: _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell# _____

Date of Birth: _____ Driver's Lic/Identification # _____ State _____

Adults in Household _____ # Children in Household _____ Total in Household _____

Applicant Source of Income (choose all that apply):

Employment Social Security/SSI/SSDI Other Retirement VA Benefits
 Child Support Retirement Other _____

Checking Account Yes No Savings Account Yes No

Bank Name _____ Account # _____

If Employed:

Name of Employer _____ Position _____ Years Employed _____

Address _____ Business Phone# _____

Wage Hourly Rate _____ Hours per Week _____

Paid: Weekly Bi-Weekly Twice Monthly Once Monthly

LOAN WORK UP SHEET:

Customer Name _____ Date: _____

DEBTS	NAME OF FINANCIAL INSTITUTION	PAYMENT	BALANCE
Rent/Mortgage		\$	\$
Car Payment		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Retail Stores		\$	\$
Retail Stores		\$	\$
Other		\$	\$
Other		\$	\$
Other		\$	\$
Subtotal	\$		

EXPENSES	PAYMENT	EXPENSES	PAYMENT
Cable		Food /Household Items	
Electricity		Dining Out	
Gas		Child Care/Support	
Water		Clothing	
Phone/Cellular		Medical/Dental	
Car Expenses		Laundry/Dry Cleaning	
Gasoline		Entertainment	
Car Insurance		Other	
		Subtotal	

Grant Total of Debts and Expenses Combined \$ _____

Office Use Only:

New EPC loan Payment \$ _____

MONTHLY NET INCOME _____ MONTHLY DEBTS _____
 COMBINED DEBTS & EXPENSES _____ MONTHLY GROSS INCOME _____
 RESIDUAL INCOME _____ DEBT RATIO _____

Loan Specialist Comments: _____

REFERENCES:

Please list 3 relatives or friends who would definitely know how to contact you, even if you move:

1. Name _____ Relationship _____
Address: _____ City _____ State _____ Zip _____
Home Phone# _____ Work# _____ Cell# _____

2. Name _____ Relationship _____
Address: _____ City _____ State _____ Zip _____
Home Phone# _____ Work# _____ Cell# _____

3. Name _____ Relationship _____
Address: _____ City _____ State _____ Zip _____
Home Phone# _____ Work# _____ Cell# _____

The demographics information collected is used for reporting purposes to the Community Development Financial Institution (CDFI). This section of the application is optional and is not required for a loan to be approved.

County: El Paso Hudspeth Dona Ana Otero
Borrower meets Targeted County Criteria Y N

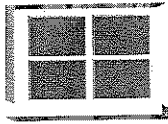
Race: White Black Asian Native Amer. Mixed Other
Ethnicity: Hispanic Not Hispanic
Meets Other Targeted Population (Hispanic) Criteria Yes No

2015 HUD AMFI Adjusted for Family Size

1	\$29,350	2	\$33,550	3	\$37,750	4	\$41,900
5	\$45,300	6	\$48,650	7	\$52,000	8	\$55,350

in Household/Family _____ Percent AMFI _____

Meets 80% LMI Criteria Yes No



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VERIFICATION OF EMPLOYMENT

Name of Employee:	
Employee's SS#	
To the Employer of the above-name Applicant: Please complete the following information and fax or e-mail the completed to: El Paso Collaborative for Community and Economic Development Fax Number: (915) 590-1219 E-mail: teresa@ep-collab.org	
If you have any questions, please contact Teresa Craig (915) 590-1210, Ext. 154. Thank you.	
Name of Employer:	
Date of Hire:	
Position or Title:	
Base Pay: Please indicate hourly/ biweekly/2x monthly/monthly/annually	
Please Select Box that Best Describes Employment for this Employee:	<input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time <input type="checkbox"/> Seasonal Employee
Prior Year Gross Wages (if applicable)	
Year-to-Date Gross Wages	
Name of Person Completing This Form	
Title of Person Completing This Form	
Signature of Person Completing This Form	

My signature is my written authorization to release this information to:

The El Paso Collaborative for Community and Economic Development

Employee's Signature

Date

THIS FORM MAY NOT BE COMPLETED BY APPLICANT.