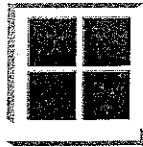


Document list for Home Improvement Loans

- 1. Copy of TX DL/ID and social security card**
- 2. Three months check stubs or income verification form**
- 3. Six months checking bank statements**
- 4. Most recent savings bank statement**
- 5. Tax Returns for two years**
- 6. Two or Three bids for work to be performed from licensed contractor**
- 7. List and value of collateral if required**
- 8. \$25.00 application fee, paid with a check or money order**



EL PASO COLLABORATIVE

for
Community and Economic Development

10935 Ben Crenshaw, Suite 200 El Paso, Texas 79935

Loan Application Home Improvement or Septic Tank

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

Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for paying this Obligation.

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

CO-APPLICANT INFORMATION (relationship to Applicant: Spouse Parent Child Other Relative

Friend

Last Name _____ First Name _____ Social Security# _____

Physical Address _____ City _____

State _____ Zip _____ County _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell# _____

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

Co-Applicant Source of Income (choose all that apply):

Employment Social Security/SSI/SSDI Other Retirement VA Benefits

Child Support Retirement Other _____

Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for paying this Obligation.

If Employed: Name of Employer _____ Position _____ Years

Employed _____ Address _____ Business

Phone# _____ Wage Hourly Rate _____ Hours per Week _____

LOAN WORK UP SHEET

Customer Name _____ Date: _____

DEBTS	NAME OF FINANCIAL INSTITUTION	PAYMENT	BALANCE
Rent/Mortgage		\$	\$
EPC Payment		\$	\$
Car Payment		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Retail Stores		\$	\$
Retail Stores		\$	\$
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 Officer's comments: _____

Do you have something of value that could be used as collateral such as a vehicle that is free of liens? If so, please describe.

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# _____

By signing, you authorize anyone mentioned herein to furnish us such information as we may require in connection with your application. You affirm that each of the answers given to the foregoing questions is true and correct and that the foregoing is a true and correct statement of your financial condition.

By signing, you authorize the El Paso Collaborative for Community & Economic Development to check your credit and employment history and to report information regarding your credit history to credit reporting agencies.

Signature of Applicant

Date _____

Signature of Co-Applicant

Date _____



EL PASO COLLABORATIVE
for
Community and Economic Development

Credit Report Authorization Statement

Authorization is hereby given to the El Paso Collaborative for Community and Economic Development to obtain a **Consumer Credit Report** from Experian .

I/We understand and agree that the Financial Independence Project intends to use the consumer credit report for the purpose of evaluating my current/past credit history.

Participant Signature

Date

Print Name





EL PASO COLLABORATIVE

for
Community and Economic Development

10935 Ben Crenshaw, Ste. 200

Phone (915)-590-1210 ext. 154 Fax (915)-590-1219

El Paso, Texas 79935

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:

- Permanent Full Time Permanent Part Time
 Temporary Full Time Temporary Part Time
 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.