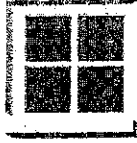


## **Document list for Consumer Loans**

1. Copy of TX Driver License/ID and social security card
2. Three months of check stubs or income verification form
3. Banking information
4. Credit check will be conducted must have minimum score 620
5. \$20.00 application fee, paid with a check or money



**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		\$	\$
<b>Subtotal</b>	\$		

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	
		<b>Subtotal</b>	

**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	\$44,000	2	\$50,300	3	\$56,600	4	\$62,900
5	\$67,900	6	\$72,950	7	\$77,950	8	\$83,000

# in Household/Family \_\_\_\_\_ Percent AMFI \_\_\_\_\_

Meets 80% LMI Criteria  Yes  No



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El Paso, Texas 79935

### VERIFICATION OF EMPLOYMENT

Name of Employee:	
Employee's SS#	
<b>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: <a href="mailto:teresa@ep-collab.org">teresa@ep-collab.org</a></b>	
<b>If you have any questions, please contact Teresa Craig (915) 590-1210, Ext. 154. Thank you.</b>	
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.**