



Double Click Project Loan Program Application

Please fill out the application as completely as possible, writing "NA" to questions that do not apply to your situation. **Complete the Co-Applicant section only if there is a co-applicant.** NOTE: This form will be used to determine the amount of loan assistance to be provided by the 'Double Click' Project Loan program.

APPLICANT: General Information	CO-APPLICANT: General Information
Name _____	Name _____
Address _____	
City _____ Zip _____	
Home Phone _____	
Cell/Work Phone _____	Cell/Work Phone _____
	Relationship to Applicant _____

Amount of Assistance Requested: \$ _____

Please explain the reason for your request for assistance from the 'Double Click' Project Loan Program. Include why you are facing a financial situation that led you to applying for a loan (examples include a hospitalization or illness, breaks in Medicaid coverage or SSI income, natural disasters or loss of employment).

Have you tried to access assistance from other organizations? Yes No
 If yes, please explain _____

Applicant's Last Name _____

INCOME:

List all gross monthly income received by the applicant and co-applicant including but not limited to Social Security benefits, retirement, child support, alimony, VA benefits, employment income, etc

APPLICANT: Income		Co-APPLICANT: Income	
<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
Employment	\$ _____	Employment	\$ _____
Social Security	\$ _____	Social Security	\$ _____
SSI	\$ _____	SSI	\$ _____
SSDI	\$ _____	SSDI	\$ _____
Retirement	\$ _____	Retirement	\$ _____
VA Benefits	\$ _____	VA Benefits	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

List all other monthly income received by all other family members.

<u>Relationship to Applicant</u>	<u>Source</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

Applicant's Total Monthly Income	\$ _____
Co-Applicant's Total Monthly Income	\$ _____
Other Family Members' Total Monthly Income	\$ _____
<u>Total Household Monthly Income</u>	\$ _____

Applicant's Last Name _____

EXPENSES:

Please provide information about your total household monthly expenses by entering the amount in the appropriate box. Write "NA" in the boxes for expenses you do not have.

Expense		Amount
Mortgage payment		\$
Utilities	gas, electric, phone, etc.	\$
Insurance	auto, health, life	\$
Groceries		\$
Liabilities	credit cards, auto loan, student loan, finance co, gas card, pager, cell phone, dept. store	\$
Transportation	bus, taxi, auto maintenance	\$
Child Care		\$
Medical/Prescriptions		\$
Education	tuition, books	\$
Alimony/Child Support		\$
Personal Expenses	personal hygiene products, clothing, dry cleaning, beauty/barber shop	\$
Household Expenses	maintenance, cleaning supplies, lawn care, household items, etc.	\$
Recreation	dining out, movies, CD's, cable, alcohol, tobacco, etc.	\$
Contributions	church, gifts, donations	\$
Other		\$
	Total Monthly Expenses	\$

_____ - _____ = \$ _____
 Total monthly income Total monthly expenses Residual income

Provide information about disability related expenses (i.e., adaptive aids, assistive technology, medical supplies, personal assistant services) for all individuals in the household who experience a disability. List only those expenses paid for out of pocket, not those covered by programs and benefits.

Expense	For whom?	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Applicant's Last Name _____

ASSETS:

APPLICANT: Assets	Co-APPLICANT: Assets
How much cash does applicant have in checking or savings acct.?\$ _____	How much cash does co-applicant have in checking or savings acct.?\$ _____
Does applicant have any other source for assistance? O Yes O No _____ gift from relative _____ other (explain) _____	Does co-applicant have any other source for assistance? O Yes O No _____ gift from relative other (explain) _____
Does applicant receive any other type of support or benefits? O yes O no If yes, explain _____ _____ _____	Does co-applicant receive any other type of support? O yes O no If yes, explain _____ _____ _____

CERTIFICATION

Application completed by _____ Date _____

Relationship to applicant _____

I (we) certify that the above information is true and correct. I (we) understand that any omissions or discrepancies found later may be grounds for disqualification for assistance from the 'Double Click' Project Loan Program. I (we) authorize the 'Double Click' Project Loan Program to verify any and all of the information provided. I (we) agree to adhere to all 'Double Click' Project Loan Program rules, policies and procedures.

I (we) understand that financial literacy counseling maybe required to access the financial assistance offered thru the 'Double Click' Project Loan Program.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____