



Dear Loan Applicant:

Thank you for your inquiry.

1. To apply for a loan through CHDC's transportation program, you MUST:
 - Be employed
 - Be 18-years or older
 - Have a valid California Driver License
 - Be within the programs designated zip code, and income guidelines

You may apply for loans for the purpose of:

1. *Car purchase*
2. Please complete the enclosed application package, and provide copies of all required supporting documentation. Before you may schedule a consultation meeting, your completed application package may be mailed, or faxed to:

*Community Housing Development Corporation
ATTN: Manuela Zacarias, Loan Coordinator/Financial Counselor
1535-A Fred Jackson Way, Richmond, CA 94801
Or Fax (510) 439-4898*

3. Upon receipt of your application and supporting documentation, you will be contacted by the loan coordinator to complete the application process in a face-to-face or virtual meeting. All information is kept confidential and used only for the purposes of processing the loan application. You may be asked for additional verification of information.
4. *Approvals:* If approved, you will be notified in writing within 2 days of loan approval. At that time, your loan coordinator will provide you help to understand the action steps required so that you can receive your loan.
5. *Denials:* If denied, you will be notified in writing within five days of loan denial.

If you have questions, please contact Manuela Zacarias, at 510-685-4303.

Sincerely,



DOCUMENTATION CHECKLIST

(You will be contacted to set up an appointment once all of the following documents on the checklist have been received. Do not turn this checklist in. Please keep this checklist as a reference.)

- Completed Intake form
- Completed Loan Application
- \$20.00 Credit Report Fee per applicant (Money order or Pay Pal by going to our web site, select paypal at the bottom of the screen and provide the reference number for evidence of payment)
- Completed Financial Capabilities Self-evaluation & survey
- Copy of CA driver's license
- Budget Form
- Current loan/credit card accounts information
- Income verification (3 current pay stubs)
- Privacy disclosure statement
- Authorization to Release, Verify & Update Information Form (form included)
- Current Bank Statements (last 2 month)
- Copies of ALL most recent bills; including but not limited to PG&E bill, water bill, cable bill, phone/cell phone bill, Internet
- Personal Needs letter (The following questions must be addressed)
 1. Why do you need the loan?
 2. What were the circumstances that created your current financial situation?
 3. How will the loan benefit you? Your family?
 4. What would happen without the loan?
- Completed Financial Capabilities Self-evaluation & survey
- All four Financial Education Certificates (Bank on it, Borrowing basics, Pay yourself first, To your credit)

FDIC Money Smart- A Financial Education Program - Computer Based Instruction

- To Register for the online Financial Education Program please go to <https://moneysmartcbi.fdic.gov>
- The newly enhanced Money Smart Computer-Based Instruction (CBI) is an easy-to-use tool to learn more about basic personal financial management. The CBI can complement formal classes by providing learning assignments that users can complete at their own pace.
- Once you register please sign in and complete the 10 training modules listed below. Each module can generally be completed within 30 minutes. Successful completion of a module will earn the user a certificate of completion for the module.
- Money Smart Training Modules –only need the following four modules

[Bank on It](#)

an introduction to bank services

[Borrowing Basics](#)

an introduction to credit

[Pay Yourself First](#)

why you should save, save, save

[To Your Credit](#)

how your credit history will affect your credit future

- Make sure to print certificate after completion of each module.
- Please provide Manuela Zacarias, Loan Coordinator a copy of each certificate of completion



1535-A Fred Jackson Way, Richmond, CA 94801
 Phone: (510) 412-9290 Fax: (510)439-4898

LOAN PROGRAM APPLICATION

Applicant's Name (Please Print)	Date of Birth
SS#	Home Phone
Address	Cellular Phone
City, State, Zip, County	Work Phone
*If at current address 6 months or less please enter previous address	Email
Marital Status Primary Language	Gender Ethnicity
Previous Address, City, State, Zip, County	

Employment History

Employer:
Occupation:
Start Date: End Date:
Wage \$ Hourly or Annually:
Hours Worked Weekly:
Phone Number:
Supervisor Name:
Supervisor Number:

Employer:
Occupation:
Start Date: End Date:
Wage \$ Hourly or Annually:
Hours Worked Weekly:
Phone Number:
Supervisor Name:
Supervisor Number:

Household Income- including employment, SSI, AFDC, child support, interest income, etc

Household Member	Source of Income	Gross Annual Income

Do you receive child support? Yes No If Yes, how much? \$

List all education or training programs you are currently attending

School Name	Counselor	Phone
Date of Registration	Anticipated Graduation Date	Number Credits Completed
Credits Needed to Graduate		



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Transportation

How do you get to work?	Average Miles to work?
Bus Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you transport children to Daycare and or School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total time in transit? Hours	

Driving Record

Have you had any moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any DWI / DUI / OWI/? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pending traffic related court cases, unpaid fines or tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Housing History

Housing type (Rent / Own)	Mortgage / Landlord's name:
Monthly amount: \$	Time at this address: Years Months
Previous Address *	City State Zip
County	Time at this address: Years Months

*** Optional information about alimony, child support or separate maintenance: This information and other information need not be revealed if you do not want it considered as a basis for repaying this obligation.*

Income from child support, alimony or maintenance payments \$
How long received: Years Months
Name of payer: Address, City, State, Zip of payer:
Do you pay any alimony, child support or maintenance? <input type="checkbox"/> Yes** <input type="checkbox"/> No
Are there any claims, suits or judgments against you? <input type="checkbox"/> Yes** <input type="checkbox"/> No
Are you a co-signer or guarantor for anyone? <input type="checkbox"/> Yes** <input type="checkbox"/> No

** If you answered yes to any of the above section, please explain.

--

Referred by:
For what purpose will this loan be used?
Monthly Income \$

Name of nearest relative or friend not living with you: (Please provide three if possible)

1. Name	Relationship	Phone Number
Address	Cellular Phone	Email
2. Name	Relationship	Phone Number
Address	Cellular Phone	Email
3. Name	Relationship	Phone Number
Address	Cellular Phone	Email

Others living with you (including children)

1. Name	Relationship	Age
2. Name	Relationship	Age
3. Name	Relationship	Age
4. Name	Relationship	Age



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CO-APPLICANT OR CO-SIGNER:

(Complete this section only if the co-signer will be contractually liable on the account, OR applicant is relying on co-applicant's income as a basis for repayment of account)

CO-Applicant's Name (Please Print)	Date of Birth
SS#	Home Phone
Address	Cellular Phone
City, State, Zip, County	Work Phone
Time at this address: Years Months	Email
Housing type (Rent / Own) Mortgage / Landlord's name:	
Monthly amount: \$ Time at this address: Years Months	

Employment History

Employer:
Occupation:
Start Date: End Date:
Wage \$ Hourly or Annually:
Hours Worked Weekly:
Phone Number:
Supervisor Name:
Supervisor Number:

***Alimony, child support or separate maintenance income need not be revealed if you do not want it considered as a basis for repaying this obligation.*

Income from child support, alimony or maintenance payments \$
How long received: Years Months
Name of payer: Address, City, State, Zip of payer:

IMPORTANT—APPLICANT MUST READ BEFORE SIGNING

The selection of service(s) or item(s) made possible through the Ways to Work loan program is your responsibility. Name of Agency does not guarantee the items or quality of the service performed.

I certify that the information provided throughout this application is true and correct. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine eligibility. I acknowledge a credit report will be obtained by the program director at loan entry and at loan conclusion. If I receive a loan, I understand that non-payment may result in collection activity such as: repossession, third-party collections, legal action, or wage assignment. If in default, I authorize the Name of Agency to release information to third-parties necessary for collection activity.

 Signature of Applicant Date

 Signature of Co-Applicant Date

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 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 increase 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: litigation, garnishment, third-party collection activity. If this debt is every in default, that fact may become a 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

1. Gender? Female Male
2. Head of Household: Are you the head of the household? Yes No
3. If not the head of household, is the head of the household female? Yes No
4. Do you receive income from any of the following sources? CaWORKS Food Stamps
 Section 8 Social Security Medi-cal Other _____
5. Marital Status: Married Single
6. Education: College Vocational High School/GED Primary None
7. Are you a U.S. Citizen? Yes No
8. Are you a Permanent Resident Alien? Yes No
9. Are you a Non-Permanent Resident Alien? Yes No
10. Foreign Born? Yes No
11. What is your primary language: _____
12. Are you permanently disabled? Yes No
13. Are you a Veteran? Yes No
14. Are you Active Military? Yes No
15. Race (check only one):
 American Indian/Native Alaskan American Indian/Black Asian
 Native Hawaiian/Pacific Islander White Asian/White
 American Indian/White Black Black/White
 Hispanic Ethnicity (Please also check one of the racial categories if you select this category)
 Other (specify): _____ Decline to State
16. Are you of Hispanic/Latino Ethnicity? Yes No

How did you hear about this program? _____

By signing below, I certify that the information I provide in this intake form is true and correct. I authorize Community Housing Development Corporation (CHDC) to obtain my credit report, and I authorize CHDC to verify this information for the purpose of qualifying me for Ways to Work.

Print Name _____

Participant's Signature _____ Date _____

Co-Participant's Signature _____ Date _____

BUDGET – Monthly Living Expenses

SAVINGS

Payroll Deduct _____
 Other _____
Total _____

HOUSING

Mortgage/Rent _____
 Electric & Gas _____
 Water & Garbage _____
 Internet _____
 Telephone _____
 Cable _____
Total _____

FOOD

Groceries _____
 Lunches _____
 Eating Out _____
 Other _____
Total _____

TRANSPORTATION

Car Payment _____
 Auto Insurance _____
 Gas & Oil _____
 Repairs _____
 Bus/Taxi/Other _____
Total _____

PROTECTION

Life Insurance _____
 Property/Household Insur _____
 Hospital Insurance _____
Total _____

MEDICAL

Doctor _____
 Dentist _____
 Prescriptions _____
Total _____

CLOTHING

Adult (s) _____
 Child (ren) _____
Total _____

OTHER

Tuition/Dues _____
 School Supplies _____
 Day Care _____
 Child Support _____
 Credit Payments _____
(See reverse side for credit information)
Total _____

MISCELLANEOUS

Babysitter _____
 Bank Service Charges _____
 Books/Newspapers _____
 Religious Donations _____
 Gifts _____
 Cigarettes _____
 Alcoholic Beverages _____
 Pet Care _____
 Movies/Videos/Netflix _____
 Rent/Lease Items _____
 Recreation _____
 Beauty salon/Barber _____
 Other _____
 Other _____
 Other _____
Total _____

SUMMARY

Gross Income _____
 Net Income _____
 Salary Income _____
 Salary Income _____
 Support Payment(s) _____
 Other _____
 Total Net Income _____
 Total Expense _____
 Over _____
 Short _____

Credit Payments

Loans/Credit Card Accounts

Name of Creditor	Balance	Monthly Payment	* APR	# Late Payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTALS				

* Annual Percentage Rate (Interest/Finance Charges)

Checking Account Yes No

Savings Account Yes No



Authorization to Release, Verify & Update Information

I understand that Community Housing Development Corporation (CHDC) requires certain information to process my *WAYS to WORK* loan application and that all information that I provide to CHDC is subject to CHDCs on-going review, verification and updating. I further understand that the release, verification and updating of this information is extended and not limited to my employer(s), landlord/property management company, school(s), child care provider(s), or their agents or designees, or to government agencies or human services organizations, or their agents, or designees.

For verification and updating purposes, I hereby, authorize that any and all information contained in my records at the organizations listed below, be released to CHDC, its staff or designees, and that CHDC may share it with this agency’s financial institution lending partner. I understand that this information will be solely used to determine my eligibility and on-going participation in the *WAYS to WORK* loan program.

It is understood that a photocopy or facsimile of this form is acceptable authorization.

This consent will expire six months after I fully repay the loan, or, if my loan application is denied, it will expire on the date of the denial letter.

Organization Name	Street Address	City, State, Zip	Contact Person	Phone	Fax

I/We acknowledge executing this authorization and receiving a copy of it on this _____ day of _____, 20____.

Applicant’s Signature: _____ Applicant’s Name (printed): _____ Appl# _____

Co-Applicant’s Signature: _____ Co-Applicant’s Name (printed): _____

Witnessed, acknowledged and received on the date specified above, for CHDC, by _____



PRIVACY NOTICE

CHDC has always been dedicated to meeting the needs of the individuals we serve. Our relationship with you is based on respect and trust. We believe that the privacy of your personal information is very important and cannot be compromised. With this guiding principle in mind, we have established standards to ensure that all personal information of our customers and former customers is secure and confidential. We are pleased to share with you our Privacy Policy for the collection, use, retention and security of information provided to us by customers.

- We collect the information we receive from you in your application and supporting documentation, such as your name, address, social security number, assets, employment and income; the information we receive from your experiences with us, with our affiliates, and with other service providers, such as your payment history, transaction parties, insurance policy coverage and premium amount, and the information we receive from consumer reporting agencies, such as your creditworthiness and credit history. We maintain strict physical, electronic and procedural safeguards that comply with federal regulations to protect all of this personal information. We restrict access to this Information to only those persons who need to know it in order to provide you with products or services.
- We share Information regarding our customers and former customers with affiliates and third parties only in accordance with these strict security standards and confidentiality policies, and as permitted by applicable law.
- You may ask us not to share Information, including Information that we receive in your application or in your report from credit bureaus, with our affiliates. If you don't want such Information shared, you may write to us at COMMUNITY HOUSING DEVELOPMENT CORPORATION Attention: VIVIAN RAHWANJI. Please provide your name, address, social security number and account number(s). Your request not to share Information does not include Information that we are permitted by law to share, such as Information related to our experiences and transactions with you.

Read and received by _____ Date _____

Name _____ DATE _____

NeighborWorks Common Tool for Financial Capability Customers

1. Please tell us why you are here today.

2. Over the past 3 months, have you followed a personal budget, spending plan or financial plan?
 Yes
 No
3. Do you currently have any of the following types of accounts at a bank or credit union? *Check all that apply.*
 Checking
 Savings
 Prepaid debit card
4. **OPTIONAL:** Are you saving for a specific financial goal?
 Yes
 No
 - If Q4 is answered with **Option 2 "No"** , then Skip to **Q6**
5. If yes, what is that financial goal?

6. Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use such as saving for retirement or education?
 Yes
 No
7. **OPTIONAL:** Below is a list of places where people sometimes put money that they set aside as savings. Please indicate whether or not you have set aside money for savings in these places during the past 6 months by answering "yes" or "no" for each one.

	Yes	No
Someplace at home	<input type="radio"/>	<input type="radio"/>
Savings account	<input type="radio"/>	<input type="radio"/>
Checking account	<input type="radio"/>	<input type="radio"/>
A Certificate of Deposit, sometimes called a CD, for a set period of time at a bank or credit union	<input type="radio"/>	<input type="radio"/>
United States savings bond	<input type="radio"/>	<input type="radio"/>
Individual Development Account, sometimes called an IDA, where the money deposited for homeownership or education is matched with additional funds	<input type="radio"/>	<input type="radio"/>

Retirement Account [IRA, 401(k), or 403(b)]	<input type="radio"/>	<input type="radio"/>
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8. Have you set aside funds that would cover your expenses for 3 months if you or someone in your family lost a job, got sick, or had another emergency?

- Yes
- No

9. Below is a list of ways in which people sometimes pay for their expenses. Please indicate whether or not you regularly use these methods to pay for your expenses by answering “yes” or “no” for each one.

	Yes	No
Cash	<input type="radio"/>	<input type="radio"/>
Prepaid debit card (not to obtain cash)	<input type="radio"/>	<input type="radio"/>
Credit card	<input type="radio"/>	<input type="radio"/>
Personal check	<input type="radio"/>	<input type="radio"/>
Money order	<input type="radio"/>	<input type="radio"/>
Electronic, online, or automatic transfer of funds	<input type="radio"/>	<input type="radio"/>
Other : _____	<input type="radio"/>	<input type="radio"/>

10. **OPTIONAL:** If you rent your home, which payment method do you use most often to pay your rent?

- If Q10 is not blank , then Skip to **Q12**

11. **OPTIONAL:** If you own your home, which payment method do you use most often to pay your mortgage?

12. Below is a list of ways in which people sometimes obtain cash that they want or need. Please indicate whether or not you have used the following activities during the past 6 months by putting a check next to the way you obtained cash. *Check all that apply.*

- I obtained cash using a debit card
- I obtained cash from a payday loan in anticipation of an upcoming pay check
- I used a check cashing store where I paid a fee to get cash in exchange for a check
- I sold something to a pawn shop
- I obtained a loan that required me to transfer the title of my automobile
- I obtained a tax refund on the same day I filed my income tax return
- I over-withheld income taxes throughout the year so that I would get a big refund when I filed my tax return

13. Below is a list of ways in which people sometimes pay for things they purchase. Please indicate whether or not you have used each of the following methods during the past 6 months by answering “yes” or “no” for each one.

	Yes	No
Rented something from a rent-to-own store	<input type="radio"/>	<input type="radio"/>
Purchased a money order	<input type="radio"/>	<input type="radio"/>

Used a layaway plan at a retail store

14. What does the term “financial security” mean to you?

15. Using this definition, how secure do you feel your financial situation is right now?

- Very secure
- Secure
- Somewhat secure
- Not very secure
- Not at all secure

Thank you for completing the survey!

For Staff to Complete

16. Age

17. Gender

- Male
- Female

18. Race

- Black/African American
- Caucasian/White
- American Indian/Aleut/Eskimo/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Mixed Race

19. Ethnicity

- Yes, Hispanic/Latino/Latina
- No, not Hispanic/Latino/Latina

20. Client Credit Score

21. Date of Credit Score

MM/DD/YYYY:

22. Types of Debt

	Has debt?	Balance owed (\$)
Store and credit card debts	<input type="checkbox"/>	
Student/Educational loans	<input type="checkbox"/>	
Unpaid medical bills not covered by insurance	<input type="checkbox"/>	
Unpaid legal bills	<input type="checkbox"/>	

Unpaid taxes	<input type="checkbox"/>	
Money owed to private individuals	<input type="checkbox"/>	
Home improvement loans	<input type="checkbox"/>	
Money owed on lines of credit	<input type="checkbox"/>	
Other : _____	<input type="checkbox"/>	
		Total Sum

23. Total Debt

(\$)

24. Total Savings:

(\$)

25. Is this person participating as part of an eviction prevention program?

Yes

No

26. Notes:

27. Which financial capability services has this client participated in? *Check all that apply.*

Workshops

Coaching or counseling

Other : _____

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COMMUNITY HOUSING DEVELOPMENT CORPORATION
Customer Satisfaction Survey

Date _____

Please circle a number at the end of each question.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. The staff managed my phone call(s) in a courteous and responsible manner.	1	2	3	4	5
2. The staff provided me with information and resources that I can use.	1	2	3	4	5
3. The staff was competent and knowledgeable	1	2	3	4	5
4. The staff effectively responded to my questions and concerns.	1	2	3	4	5
5. I was satisfied with the service hours offered me.	1	2	3	4	5
6. I was satisfied with the accessibility and convenience of the agency's location.	1	2	3	4	5
7. The application process was thoroughly explained to me.	1	2	3	4	5
8. If needed, I would utilize this agency's services again and I will recommend this agency to my family and friends.	1	2	3	4	5

Comments/Suggestions: _____

