

Consumer Loan Application Instructions:

To apply for the Consumer loan program the following documents need to be completed and returned:

1. Application (*Attached to this document*)
2. Monthly Budget Worksheet (*Attached to this document*)

Please send the following documents to your loan coordinator with your completed application:

1. 30 days of pay stubs and proof of all other household income (*Social Security, Pension, etc. for ALL individuals who reside in your residence*)
2. A copy/photo of your valid WI driver's license

Once we receive the above items, we will begin processing your application, which includes reviewing your credit report and items of public record. If conditionally approved, you will be required to receive financial training, more information on the financial training will be provided if the application is conditionally approved.

You will be responsible for a \$30.00 admin fee on Consumer Loans.

If you have any questions, please let us know.

Cap Services Lending Department Contact Information:

Kris Murphy
Consumer Lending Coordinator
P: 715-340-6248
E: kmurphy@capmail.org

General Inbox: Loans@capmail.org

Clients approved for any CAP Services loan will be required to submit proof of financial wellness training by the time of loan closing. You will be provided with more information on this once your application is approved.

Many of our funders require that we demonstrate the impact of our efforts on the community. The following questions serve as a basis for this determination. Our continued funding depends on your ability to provide this information. All information will be kept confidential. We do not report individual data to any government or private agency. All reports are aggregated and anonymous.

Applicant Information:

Last Name **First Name** **Middle Name**

Date of Birth **Social Security Number** **Email Address** **Phone Number**

Street Address **City** **State** **Zip Code**

County of Residence **Driver's License Number** **Expiration Date** **Issued State**

Gender: Male Female Non-Binary Trans Male Trans Female Other

Race: *Please check all that apply* American Indian/Alaskan Native Asian/Hmong Asian/Not Hmong Multiracial
 Black/African American Native Hawaiian/Other Pacific Islander White Other: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Do you have a disability? Yes No

Household Status: Rent Homeowner Homeless Other

Marital Status: Married Unmarried

Veteran Status: Veteran Active Duty Non-Veteran

Citizenship Status: U.S. Citizen Permanent Resident Alien Non-Permanent Resident Alien Seeking Citizenship

Were you born outside of the United States? Yes No

Highest Education Level Achieved: Less than 8th Grade Less than high school (No diploma/GED)

High School Diploma/GED Some Post Secondary 2-4 Years College Graduate Graduated other post-secondary

Health Insurance: *Check all that apply* Medicaid Medicare State Childrens Health Insurance State Health Insurance

for Adults Military Health Insurance Private Insurance Employer Provided Uninsured

Please Check: Co-Applicant Spouse Information:

Last Name **First Name** **Middle Name**

Date of Birth **Social Security Number** **Email Address** **Phone Number**

Street Address **City** **State** **Zip Code**

County of Residence **Driver's License Number** **Expiration Date** **Issued State**

Gender: Male Female Non-Binary Trans Male Trans Female Other

Race: *Please check all that apply* American Indian/Alaskan Native Asian/Hmong Asian/Not Hmong Multiracial
 Black/African American Native Hawaiian/Other Pacific Islander White Other: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Do you have a disability? Yes No

Household Status: Rent Homeowner Homeless Other

Marital Status: Married Unmarried

Veteran Status: Veteran Active Duty Non-Veteran

Citizenship Status: U.S. Citizen Permanent Resident Alien Non-Permanent Resident Alien Seeking Citizenship

Were you born outside of the United States? Yes No

Highest Education Level Achieved: Less than 8th Grade Less than high school (No diploma/GED)

High School Diploma/GED Some Post Secondary 2-4 Years College Graduate Graduated other post-secondary

Health Insurance: *Check all that apply* Medicaid Medicare State Childrens Health Insurance State Health Insurance
for Adults Military Health Insurance Private Insurance Employer Provided Uninsured

Requested Loan Amount: _____

Purpose of the loan: _____

Household Type: Single person NO Children Two Adults NO Children Single Parent Two Parent Family
 Non-Related Adults with Children Multigenerational Household Other

Adults living in your household: Please provide the name and date of birth of each person **18+** living in your home.

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Children living in your household: Please provide the name and date of birth of each person **18 and under** living in your home **50% of the time or greater.**

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Do you currently own a vehicle registered in your name? Please Check Yes No

Applicant Current Income Information:

Employment Status: Full-Time Part-Time Migrant Seasonal Farm Worker Unemployed Retired

Name of Employer: _____ **Job Title:** _____

Start Date: _____ **End Date:** _____ (if applicable) **Salary/Wages:** _____

Pay Period: Weekly Bi-Weekly Monthly Bi-Monthly

Hours worked: _____ **Per:** (Please check one) Week Month

List previous two years employment (Name of employer & dates worked): _____

Other Monthly Income: Please Check all that apply TANF Social Security Income (SSI) Social Security Disability (SSDI)

VA Benefits Private Disability Insurance Worker's Compensation Pension Child Support Alimony

Other: _____ **Total Amount of Other Income:** _____

Are you receiving public assistance: Please Check Yes No

Check the assistance you currently receive: SNAP WIC LIHEAP Housing Choice Voucher Public Housing

Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Subsidy

Other: Please List _____

Co-Applicant/Spouse Current Income Information:

Employment Status: Full-Time Part-Time Migrant Seasonal Farm Worker Unemployed Retired

Name of Employer: _____ **Job Title:** _____

Start Date: _____ **End Date:** _____ *(if applicable)* **Salary/Wages:** _____

Pay Period: Weekly Bi-Weekly Monthly Bi-Monthly

Hours worked: _____ **Per:** *(Please check one)* Week Month

List previous two years employment (Name of employer & dates worked): _____

Other Monthly Income: *Please Check all that apply* TANF Social Security Income (SSI) Social Security Disability (SSDI)

VA Benefits Private Disability Insurance Worker’s Compensation Pension Child Support Alimony

Other: _____ **Total Amount of Other Income:** _____

Are you receiving public assistance: *Please Check* Yes No

Check the assistance you currently receive: SNAP WIC LIHEAP Housing Choice Voucher Public Housing

Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Subsidy

Other: *Please List* _____

Please List TWO references that may be contacted to provide information if necessary. At least ONE reference must be next of kin (Mother, Father, Sister, Brother, Child, etc.)

1. _____
Last Name First Name Relationship

Address Phone Number

2. _____
Last Name First Name Relationship

Address Phone Number

I certify the information on this form is true to the best of my knowledge. I may be asked to provide additional information related to this application. All information I provide will be kept confidential. I further authorize CAP Services to release or obtain information on my behalf and the behalf of my co-applicant/spouse regarding financial data, wage data, mode of living, credit history/worthiness and credit standing.

I authorize CAP Services to furnish such information and any other credit experience between myself and other creditors. If asked I will answer questions regarding my credit experience and other financial relationships. I understand this information will remain confidential and is not intended for use outside CAP Services. With submission of this application, I authorize CAP Services to obtain my credit report.

Applicant Signature

Date

Co-Applicant/Spouse Signature

Date

Cap Services, Inc. has a consumer complaint/grievance procedure available upon request. A consumer complaint/grievance procedure allows consumers an opportunity to submit their concerns or complaints to CAP Services, Inc. for prompt and adequate consideration. The procedure is an organized, fact- finding process designed to provide a timely and accurate appeal that allows for conflict resolution. The procedure also provides data collection for periodic review.

Regardless of outcome, you can apply for services at a later date.



Monthly Income:

Table with 2 columns: Description and Amount. Rows include Primary Applicant Paychecks, Other Income (Child Support, SSI, SSDI, Unemployment, etc.), Spouse/Co-Applicant Paychecks, and Total monthly income.

Monthly Expenses:

Table with 2 columns: Description and Amount. Rows include Rent/Mortgage, Home/Renters Insurance, Utilities, Internet/Wi-Fi, TV/Streaming, Phone, Other Housing Expenses, Groceries/Household Supplies, Transportation, Car Payment(s), Vehicle Insurance, Health Insurance, Childcare, Entertainment, Miscellaneous, Student Loan Payment(s), Credit Card Payment(s), Other Loan Payment(s), Collection/Judgement Payment(s), and Total Monthly Expenses.

Income - Expenses = Remaining Funds