



Bethany for Children & Families  
 1830 6<sup>th</sup> Avenue  
 PO Box 697  
 Moline, Illinois 61266-0697  
 309-797-7700

## Ways-to-Work Loan Program Application

How did you hear about us: \_\_\_\_\_

Loan amount requested: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months Do you: \_\_\_\_\_ Rent \_\_\_\_\_ Own

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: (optional) \_\_\_\_\_

# of Addresses in last 3 yrs: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Job title/position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Average Hours Worked per Week: \_\_\_\_\_

# of Employers in last 3 yrs.: \_\_\_\_\_

Are you currently enrolled in college or trade school?: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", Where? \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Credits Completed: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

## Ways-to-Work Loan Program Application

Are there others living in the household: \_\_\_\_ Yes \_\_\_\_ No

How many?: \_\_\_\_\_

Name: (Adult) \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_

Name: (Child) \_\_\_\_\_

Relationship: \_\_\_\_\_

School or Daycare Attended: \_\_\_\_\_

Age: \_\_\_\_\_

Name: (Child) \_\_\_\_\_

Relationship: \_\_\_\_\_

School or Daycare Attended: \_\_\_\_\_

Age: \_\_\_\_\_

Name: (Child) \_\_\_\_\_

Relationship: \_\_\_\_\_

School or Daycare Attended: \_\_\_\_\_

Age: \_\_\_\_\_

Name: (Child) \_\_\_\_\_

Relationship: \_\_\_\_\_

School or Daycare Attended: \_\_\_\_\_

Age: \_\_\_\_\_

Name: (Child) \_\_\_\_\_

Relationship: \_\_\_\_\_

School or Daycare Attended: \_\_\_\_\_

Age: \_\_\_\_\_

1<sup>st</sup> Contact (Relative): \_\_\_\_\_

Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Contact (non-relative): \_\_\_\_\_ Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Ways-to-Work Loan Program Application

How do you currently get to work/activities?: \_\_\_\_\_

How far is it to work?: \_\_\_\_\_ Is the bus available?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you transport children to daycare?: \_\_\_\_\_ How far?: \_\_\_\_\_

Do you currently own a vehicle?: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", Purchase date and price? \_\_\_\_\_

Make / Model / Year / Odometer: \_\_\_\_\_

Type of repairs, if any, needed: \_\_\_\_\_

### Co-Applicant or Co-Signer

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

Co-Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months Rent or Own?: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

## Ways-to-Work Loan Program Application

Do you pay alimony, child support or maintenance?	_____	Yes	_____	No	
Are there any claims, suits, or judgments against you?	_____	Yes	_____	No	
Are you a co-signer or guarantor for anyone?	_____	Yes	_____	No	
Have you filed for bankruptcy?	_____	Yes	_____	No	
If "Yes", has it been discharged?	_____	Yes	_____	No	
Are you planning on filing for bankruptcy?	_____	Yes	_____	No	
Do you receive subsidized housing?	_____	Yes	_____	No	Amount: \$ _____
Do you receive subsidized child care?	_____	Yes	_____	No	Amount: \$ _____

### Important Applicant Must Read Before Signing

The selection of service(s) or item(s) made possible through the Ways-to-Work Loan Program at Bethany for Children and Families is your responsibility. Bethany for Children and Families 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 it will be used to determine eligibility. I acknowledge a credit report will be obtained by the staff at loan entry, loan conclusion, and if the loan is in default. If I receive a loan, I understand that non-payment may result in collection activity to include, but not limited to: repossession, third party collections, legal action, or wage assignment. If in default, I authorize Bethany for Children and Families to release information necessary for collection activities to third parties.

Signature of Applicant	Date	Signature of Co-Applicant	Date
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**Notice to Co-Signer:** You are being asked to guarantee this debt. Think carefully before you do. If the borrower fails to pay the debt, you will be responsible to do so. Be sure you can afford to make this payment should you need to and that you want to accept that responsibility. You may have to pay the full amount of this debt should the borrower fail to do so. You may also be responsible for charges due to late payments or collection costs, which will increase the amount you are responsible for. The creditor can attempt to collect this from you without first trying to collect from the borrower. The creditor can use the same methods to collect from you as can be used against the borrower. These methods include, but are not limited to litigation, garnishment, and third party collections. If this debt is ever in default, that fact may become a part of your credit record. This notice is not the contract that assigns your liability towards the debt. I acknowledge reading this notice before I sign the promissory note.

Signature of Co-Signer	Date
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