



Ways to Work
 6401 Penn Ave., 2nd Floor
 Pittsburgh, PA 15206
Toll Free: (866) 965-5929
Local: (412) 661-1670
Fax: (412) 665-8730
Website: www.fswp.org



Referred by: _____

LOAN PROGRAM APPLICATION

Applicant's Name (Please Print) _____ M _____ F

Date of Birth _____ SS# _____ Marital Status _____ Married _____ Single
 _____ U.S. Citizen _____ Divorced _____ Separated

Race/Ethnicity:(Please Check One)

_____ Asian _____ Hispanic Origin _____ White/Not Hispanic
 _____ Black/Not Hispanic _____ Native American _____ Other

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____ County _____

Time at this address: _____ Years _____ Months

Own Home: Yes No Mortgage/Rent Amount \$ _____

Previous Address * _____ City _____ State _____ Zip _____

County _____ Time at this address: _____ Years _____ Months

Do you have a valid Drivers License? _____ Y _____ N State: _____ DL# _____ Exp. _____

For what purpose will this loan be used? (*Check one only*) Car purchase _____ Car Repair _____

Amount of loan are your requesting: \$ _____

How do you currently get to school or work? _____

How far is it to work or school? _____ Is the bus available? Yes No

Do you transport children to daycare? _____ How far is it to daycare? _____

Do you currently own a vehicle? _____ If yes, date purchased and purchase price _____

Your current vehicle: year, make, model, odometer, repairs needed and repair estimate: _____

List all education or training programs you are attending

School Name _____ Field of Study _____

Anticipated Graduation Date _____ Number Credits Completed _____

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

1. _____
Name Relationship Phone Number

Address Cellular Phone Pager Number
2. _____
Name Relationship Phone Number

Address Cellular Phone Pager Number
3. _____
Name Relationship Phone Number

Address Cellular Phone Pager Number

Present Employer

Employer Name _____ Occupation _____

Employer's Address _____ Supervisor _____

Business Phone _____ Supervisors Phone _____ Extension _____

Average hours per week _____ Date Hired _____

Previous Employers

1. Name _____ Occupation _____

Address _____ Date Hired _____ to _____

Phone # _____

2. Name _____ Occupation _____

Address _____ Date Hired _____ to _____

Phone # _____

List **all accounts** you have currently and accounts that you've been late with over the past seven years, and the approximate amount you owe on the account, if there is a balance. Do not list account numbers.

Bank Account(s)	Amount Owed:\$
Auto Loans(s)	Amount Owed:\$
Mortgage(s)	Amount Owed:\$
Other Loan(s)	Amount Owed:\$
Credit Card(s)	Amount Owed:\$
Store Credit Card(s)	Amount Owed:\$
Water/Gas Account(s)	Amount Owed:\$
Electricity Account(s)	Amount Owed:\$
Other Credit Account(s)	Amount Owed:\$

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)

Applicant's Name (Please Print) _____ Date of Birth _____

Social Security Number _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

County _____ Time at this address: ___ Years ___ Months

Own Home: Yes No Mortgage/Rent Amount \$ _____

Previous address _____ City _____ State _____ Zip _____

County _____ Time at this address: ___ Years ___ Months

Present Employer (name and address) _____

Occupation _____ Supervisor _____

Business Phone _____ Average hours per week _____

Date Hired _____



Ways to Work Program
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Authorization for Release/Exchange of Information of Client Information

Client Name: _____ Client Date of Birth: _____
Client Address: _____ Social Security No.: _____

Information Released/Exchanged FROM

Information Released/Exchanged TO

Name: ABOVE

Name: Ways to Work/FSWP
6401 Penn Ave., 2nd Floor
Pittsburgh, PA 15206

Permission is granted to RELEASE TO and RELEASE FROM both parties above if box is *******initialed******* by authorizing person/client.

PURPOSE OR NEED FOR DISCLOSURE:

- Facilitate "Ways to Work" Process Verification of Employment
- Bureau of Motor Vehicles Records Partner Bank Information
- Other Information: _____

SPECIFIC INFORMATION TO BE DISCLOSED:

- VMI Test Results Loan Documentation
- Copy of Title Credit Bureau Report

Signature of Authorizing Person

Signature of Witness

Date

Date

REVOCAION OF CONSENT: I revoke the authorization as stated above and as such no further information will be released.

Signature of Person Authorized to Revoke Consent

Date and Time



