



Family Services, Inc.
 1200 S. Broad Street
 Winston-Salem, NC 27101
 (336) 722-8173 Fax (336) 724-6491

PLEASE TYPE OR WRITE LEGIBLY. A NON-REFUNDABLE \$20.00 APPLICATION FEE IS DUE WITH THE APPLICATION, PAYABLE VIA CASH OR MONEY ORDER - MADE OUT TO Family Services, Inc.

Application Date _____

Name _____ Date of Birth _____
(as it appears on your driver's license)

Address _____ City, ST, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Social Security # _____ Marital Status: _____

Do you have a valid driver/operator license? Yes No If yes, state of issue: _____ Date of issue: _____

Driver License #: _____ Does the address on your license match your current address? Yes No

Driver License restrictions, if any: _____

Length of residency
 At current address : _____ month Rent \$ _____ House Apt. Duplex Other _____
 year Buying \$ _____ House Other _____

Living with friend/relative? If yes, name of person(s) _____

Please list previous addresses. (Need 5 years of history)

Street	City	ST	Dates lived at address
			to
			to
			to
			to

Present Employer _____ Occupation _____

Business Address _____ Business Phone _____

How Often Paid _____ Avg. hours per week _____ Hourly Pay _____ Date Hired _____

Additional Employer _____ Occupation _____

Address _____ Phone _____

How Often Paid _____ Avg. hours per week _____ Hourly Pay _____ Date Hired _____

Please list previous employment. (Need 5 years of history)

Previous Employer	City/State	Occupation	Date Employed	Reason Changed
			to	
			to	
			to	
			to	

FAMILY GROSS MONTHLY INCOME

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.

Item	Pay Schedule	Gross Earnings/Pay Period	Net Earnings/Pay Period
Employment Income			
Second Income			
Food Stamps			
Social Security			
Child Support			
Other _____			
Other _____			
Total			

EDUCATION. List all education or training programs you are attending or have attended:

Highest level of education completed _____

School Name _____

Date(s) Attended _____ Major _____

Tuition _____ Fulltime Part-time Face to face or Online? _____ If face to face, days attending: M T W T F S

Do you receive financial aid? Yes No If yes, how much? _____ Student Loan Balance _____

Other College (s) attended _____ Date(s) Attended _____ Degree Received _____

Other College (s) attended _____ Date(s) Attended _____ Degree Received _____

Additional Comments: _____

PURPOSE OF THE LOAN

For what purpose will this loan be used (vehicle purchase or repairs)? _____

How do you currently get to work or school? _____

How many hours do you spend in transit to work and/or school each week? _____

How far is it to work or school? _____ Is there a bus available? _____

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

Do you currently own a vehicle? Yes No If yes, date purchased _____ Purchase price _____

Where purchased? _____ Monthly car payment (if any) _____

Year _____ Make _____ Model _____

Color _____ Miles _____ VIN# _____

Condition of vehicle _____

DRIVING RECORD

Have you been convicted for any moving violations during the preceding thirty six (36) months? Yes No

If yes, list the violation(s) and date(s) of occurrence: _____

Have you been involved in any motor vehicle collisions or accidents, at-fault or not-at-fault, during the preceding thirty six (36) months?

Yes No If yes, give date(s) of occurrence and brief explanation: _____

HOUSEHOLD. List **all** others living with you (including spouse, children, relatives, friends, significant others, etc).

NAME	SCHOOL	RELATIONSHIP	DATE OF BIRTH	AGE

REFERENCES. List four references (three related and one not related). Please note that all references listed below will be contacted by a Ways to Work staff member. You must provide current telephone numbers and complete addresses for each reference listed.

1. _____

Name Relationship

Address City State Zip

Home phone number Cell phone number How long have you known them? Time at address

2. _____

Name Relationship

Address City State Zip

Home phone number Cell phone number How long have you known them? Time at address

3. _____

Name Relationship

Address City State Zip

Home phone number Cell phone number How long have you known them? Time at address

4. _____ Name

Relationship

Address City State Zip

Home phone number Cell phone number How long have you known them? Time at address

Co-Applicant or Co-Signer (leave this section blank if there is no co-applicant or co-signer)

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

SS# _____ Marital Status: _____

Length of residency _____ month Rent \$ _____ House Apt. Duplex Other _____
 year Buying \$ _____ House Other _____

Home Phone _____ Cell Phone _____ Email _____

Please list previous addresses. (Need 5 years of history)

Street	City	ST	Dates lived at address
			to
			to
			to

Current Employer _____ Occupation _____

Address _____ Business Phone _____

How Often Paid _____ Avg. hours per week _____ Hourly Pay _____ Date Hired _____

Please list previous employment. (Need 5 years of history)

Previous Employer	City/State	Occupation	Dates Worked	Reason Changed
			to	
			to	
			to	

IMPORTANT-APPLICANT MUST READ BEFORE SIGNING

The selected item(s) or service(s) made possible through the Ways to Work Program is your responsibility. Family Services, Inc. does not guarantee the item(s) or quality of the service(s) 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 loan coordinator 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 Family Services, Inc. to release information to third-parties necessary for collection activity. I agree that you will register me with the rideshare service (PART) Ridesharing/Vanpool Program in the Winston-Salem area. I also allow Family Services, Inc. to contact the Department of Social Services and I authorize DSS to release current address information to Family Services, Inc., should I fail to notify Family Services, Inc. of a change in address or other contact information.

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 increases 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 ever 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 _____