



CEAP Transportation Solutions

To our CEAP Transportation Solutions Loan Applicants,

Thank you for your inquiry about CEAP's car loan program. Your loan application is enclosed. We hope you will find it "user friendly" and that you will complete it and return it to us together with all of the supporting documents that you will find listed on the front page. If you would like assistance in completing your application please call us.

You are applying for a loan, which must be paid back, on time and in full within 24 months. With the maximum loan of \$4,000 for the purchase of a vehicle, you can expect to pay \$167 per month. Your prompt repayment will allow us to recycle those dollars into loans for other families who have transportation needs just as you have.

You will be charged a one time administrative fee of \$250 which is payable in cash or money order on the day you sign your loan papers. At that time you will also be asked to show evidence of full coverage auto insurance.

Owning a car can be quite expensive. Ask yourself if your family budget will allow for payment of (a) your \$167 monthly loan payment; (b) an insurance premium that typically ranges from \$100 to \$200 per month depending on the make, model, and year of your car, your age, and your driving record; and (c) possibly as much as \$200 per month for gas, routine maintenance, and emergency repairs to your car. As you can see, your expenses could increase by as much as \$500 or more each month.

Questions? Give us a call. We look forward to working with you.

Sincerely,

Mike McCullough
763-450-3672

John Valenty
763-450-3669

6840 78th Avenue N, Brooklyn Park, MN 55445
(763) 566-9600 Fax (763) 566-9604 www.ceap.org





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Today's Date _____ Who referred you to us? _____

IMPORTANT: PRIOR TO CLOSING YOUR LOAN, YOU WILL BE REQUIRED TO ATTEND A FINANCIAL SEMINAR WHERE YOU WILL GAIN USEFUL INFORMATION CONCERNING BUDGETING, DEBT REDUCTION, SAVINGS, AND BUILDING GOOD CREDIT. SEMINAR SCHEDULES CAN BE FOUND ON THE LAST PAGE OF THIS APPLICATION PACKET.

AS PART OF YOUR LOAN APPLICATION, PLEASE INCLUDE THE FOLLOWING ITEMS:

- A copy of your current Minnesota Driver's License;
- Copies of Social Security cards or Birth Certificates for all dependent children;
- Copy of your current Lease or Mortgage Statement;
- Previous two months' pay stubs showing year-to-date income;
- Copy of current month bank statement (if applicable);
- Previous year's federal income tax return;
- Current month statement for utilities you pay;
- Employment verification (form attached; please have your employer complete and fax it to us);
- Rent verification (form attached; please have your landlord complete and fax it to us);

IF THE FOLLOWING APPLY TO YOUR SITUATION, PLEASE INCLUDE:

- Housing subsidy (HRA, Section 8, etc) Award Letter;
- Written verification of Public Assistance, Food Support, MFIP etc;
- Written verification of Child Support received;
- Written verification of day care subsidy;
- Written verification of Social Security, SSI, etc.
- Written verification of other sources of household income.

Once you have returned your completed Application and the above listed items, we will schedule a Personal Interview with you to discuss your Application, your Budget, your Credit Report (which we will order), and we will then present your Application file to our Loan Committee for a decision.



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LOAN PROGRAM APPLICATION

Client Information:

Full Name: _____ Home Phone: _____
 Address: _____ Other Phone: _____
 City/State/Zip: _____ Driver's License #: _____
 Social Security # _____ - _____ - _____ Date of Birth: _____

Length of time at this address: _____ Years _____ Months _____ Own _____ Rent

If less than one year at this address, please list previous address:

1. _____ How Long? _____
 2. _____ How Long? _____

***Ethnic Background:** African Asian Multi-Racial African American Caucasian
 American Indian Hispanic Other Race Unknown

***Marital Status** Single Divorced Separated Married Living Together Widowed
 If Married: Are you applying as Co-applicants? YES NO

Current Employer:

Employer: _____ Supervisor: _____
 Office Phone Number: _____ Supervisor Phone #: _____
 Address: _____
 Job Title/Position: _____
 Hourly Wage: _____ Hours per week (Average) _____ Date hired: _____

Other Employment Income:

Employer: _____ Supervisor: _____
 Office Phone Number: _____ Supervisor Phone #: _____
 Address: _____
 Job Title/Position: _____
 Hourly Wage: _____ Date Hired: _____ Hours Per Week (average): _____

Previous Employer (if less than 6 months with current employer:)

Employer: _____ Supervisor: _____
 Office Phone Number: _____ Supervisor Phone #: _____
 Address: _____
 Job Title/Position: _____
 Hourly Wage: _____ Date Hired _____ Date Left: _____

Other Sources of Income (per month):

\$ _____ Cash Assistance/MFIP \$ _____ Food Support \$ _____ Housing Assistance
 \$ _____ Child Support \$ _____ Child Care Assistance \$ _____ Social Security
 \$ _____ MN Care/MA \$ _____ Other _____

Family Information:

____ # of adults in household ____ # of adults working ____ # of children in household

Please complete the following information if there is another adult living in the home.

Name: _____ Birthdate: _____ SS# _____

Relationship to Applicant _____ Ethnic Background* _____

Employer: _____

Office Phone Number: _____

Address: _____

City/State/Zip _____

Job/Title/Position: _____

Hourly Wage: \$ _____ Hours per week (Average): _____ Date Hired: _____

Other sources of income for Second Adult in home: _____

CHILD:

Name _____ Sex: Male Female

Date of Birth _____ Social Security # _____

Ethnic Background* _____ Income Received: _____

CHILD:

Name _____ Sex: Male Female

Date of Birth _____ Social Security # _____

Ethnic Background* _____ Income Received: _____

CHILD:

Name _____ Sex: Male Female

Date of Birth _____ Social Security # _____

Ethnic Background* _____ Income Received: _____

CHILD:

Name _____ Sex: Male Female

Date of Birth _____ Social Security # _____

Ethnic Background* _____ Income Received: _____

**Data collected for these fields is used for the purpose of statistical tracking only.*

Education Information:

- Did Not complete High School
- High School Diploma
- GED
- Associates Degree (2 year)
- Some College, No Degree
- College Degree (4 year)

Field of Study: _____

If currently enrolled in Post-secondary education please complete the following information:

School Name: _____

Address: _____

City/State/Zip: _____

Field of Study: _____ # of Credits enrolled in: _____

Date of Registration: _____ Anticipated Graduation Date: _____

Do you currently own a vehicle: YES NO Is Public Transportation available to you? YES NO

How do you currently get to work? _____

If you have a vehicle please indicate: Year, make model, mileage and any repairs needed: _____

Indicate: PAID OFF MAKING PAYMENTS \$_____ monthly \$_____ Balance owed

Will you be: Selling? Keeping? Trading this vehicle? Estimated Value: _____

Family Member NOT living with you:

Name Relationship Phone #

Address City/State/Zip

Personal Reference

Name Relationship Phone #

Address City/State/Zip



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BUDGET – Monthly Living Expenses

(CEAP required minimums are shown on some line items)

HOUSING

Mortgage/Rent _____
Electric _____
Gas _____
Water/Sewage/Trash _____
Telephone _____
Cell Phone _____
Cable/Internet _____
Total _____

FOOD

Groceries _____
School/Work Lunches _____
Eating Out _____
Other _____
Total _____

TRANSPORTATION

Car Payment _____
Gas & Oil _____
Repairs/Maintenance \$50 _____
Bus/Taxi/Parking _____
Total _____

INSURANCE

Auto Insurance/Tabs \$150 _____
Life Insurance _____
Home/Renters Insurance _____
Health Insurance _____
Total _____

CHILD CARE

Day Care _____
Babysitter _____
Child Support (you pay) _____
Total _____

CREDIT PAYMENTS

Credit Cards _____
Other Credit Payments _____
Total _____

PERSONAL

Clothing/Shoes _____
Diapers/Formula _____
Barber/Beauty/Nails _____
Tobacco/Alcohol _____
Books/Newspapers _____
Doctor/Dentist _____
Medical Co-Pays _____
Prescriptions _____
Required Minimum \$200 _____
Total _____

OTHER/MISCELLANEOUS

Laundry/Dry Cleaning _____
Household Products _____
Contributions/Donations _____
Gifts (B-day, Holiday, etc) _____
Entertainment/Videos _____
Club Memberships; Dues _____
School Tuition _____
School Activities/Supplies _____
Required Minimum \$200 _____
Total _____

INCOME SUMMARY

Take Home Pay 1 _____
Take Home Pay 2 _____
Child Support Received _____
MFIP / Food Support _____
Social Security / SSDI _____
Pension / Retirement _____
Other _____

Total Take Home Pay _____
Total Expenses - _____

Disposable Income _____
Indicated Loan Amount _____
Gross Annual Income _____



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BUDGET (Page 2)

Loans/Credit Card Accounts

Name of Creditor	Balance Owed	Monthly Payment	Interest Rate	# Late Payments
1.				
2.				
3.				
4.				
5.				
6.				
TOTALS				

Checking Account Yes No Institution: _____
 Current Balance \$ _____

Savings Account Yes No Institution: _____
 Current Balance \$ _____

CREDIT BACKGROUND

On a Scale of 1 – 10, “1” being poor and “10” being excellent, How would you rate your Credit? _____

Have You Ever Filed Bankruptcy? YES NO Discharge Date: _____
 Do you have any unpaid collections? YES NO _____
 Do you have any judgments against you? YES NO _____
 Have you ever received a loan through CEAP? YES NO _____
 If Yes, Did you pay off the loan? YES NO _____
 Have you ever had a car repossessed? YES NO Date: _____
 Are your utility bills current? YES NO _____
 Is your rent or mortgage current? YES NO _____
 Amount of any federal and state tax refunds received this year: \$ _____



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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 I authorize CEAP to obtain: (a) a copy of my credit report; (b) a copy of my driving and motor vehicle record; (c) a copy of my criminal background check; and (d) any financial records under my name or any alias used by me.

I understand that CEAP may provide information to Greater Twin Cities United Way and any affiliated agencies that support CEAP’s car loan program for the purpose of reporting loan activity, demographic data, or auditing.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

DATA PRIVACY RIGHTS—TENNESSEN WARNING:

Under the Minnesota Data Privacy Act you have the right to know that the information you provide on your application for agency programming is classified as private under Minnesota Law and cannot be disclosed without your permission, except as provided below.

The information on the application will be used to determine your eligibility for the program and level of assistance, if applicable. Information you provide will also be used for statistical research purposes and will not reveal any personal identifying information about you or a member of your household. CEAP may also use this information from time to time to inform you of other programs and activities in which you may be interested in participating. We may share this statistical information with: state and local welfare agencies community based organizations; local and state public and private human service agencies; the Minnesota Dept. of Economic Security; the United States Departments of Labor, Health and Human Services and Transportation; and state and local educational programs, as allowed by law.

We encourage you to answer all questions because your correct answers will enable us to properly verify and prioritize your application. Number of persons employed, race, years of education, etc. are optional. However, this information is requested for the purpose of determining compliance with Federal and State Civil Rights Laws, and providing proper assistance to you. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in an effective, nondiscriminatory manner.

CEAP staff and funding sources and employees from funding sources, financial auditors, whose jobs require access to your application, may have access to your file. These people are all required not to disclose any personal information about you or your household. Funding source employees and auditors may review applications to insure that CEAP is serving people properly.

In accordance with the MN Government Data Practices Act, I have been informed of and understand my rights.

Applicant Signature & Date

Co-Applicant Signature & Date

Agency Representative Signature & Date

If you have any questions concerning this application please call:

John Valenty
763-450-3669

Mike McCullough
763-450-3672

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REQUEST FOR VERIFICATION OF EMPLOYMENT

EMPLOYER _____

ADDRESS _____

NAME OF EMPLOYEE _____

My signature authorizes my employer to verify the following information.

Employee Signature _____ Date _____

DATE HIRED _____

GROSS EARNINGS

HOURLY RATE: \$ _____ AVERAGE # HOURS PER WEEK _____

OR: MONTHLY/ANNUAL SALARY \$ _____

PAY PERIOD: WEEKLY _____ BI-WEEKLY _____ 2X/MO _____ OTHER _____

YTD GROSS INCOME \$ _____ Thru _____ (date)

YTD NET INCOME \$ _____ Thru _____ (date)

COMPLETED BY: _____ TITLE: _____

PHONE NO: _____ DATE: _____

EMPLOYER, PLEASE FAX THIS FORM TO 763-566-9604

ATTENTION: Loan Coordinator
(Or mail to the address shown below)

THANK YOU

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REQUEST FOR VERIFICATION OF RENT

TENANT(S): _____

ADDRESS OF UNIT: _____

My signature authorizes Management to verify the following information:

Tenant Signature _____ Date _____

Date Tenant Moved In _____ Security Deposit _____

Monthly Rent Payment _____ Date Last Paid _____

Period Covered By Last Rent (Dates): from _____ to _____

Is Rent In Arrears: Yes ___ No ___ Amount Needed To Bring Current: _____

Utilities Paid By Tenant: Electric ___ Gas ___ Trash ___ Water/Sewer ___
Cable ___ Other _____

Is Rent Subsidized? Amount of Subsidy: _____ By: _____

COMPLETED BY: _____ TITLE: _____

PHONE NO: _____ DATE: _____

MANAGER, PLEASE FAX THIS FORM TO 763-566-9604

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Financial Seminars

These seminars will discuss such topics as budgeting, debt reduction, savings, and credit issues.

Dollars into \$ense Classes

University of Minnesota Extension
3rd Tuesday of each month.

10:00am – Bunker Hills Activities Center
550 Bunker Lake Blvd NW
Andover, MN

7:00pm – Anoka County Human Services Center
1201 89th Ave NE
Blaine, MN 55434

Register by calling 763-755-1280 at least 3 days before class.

Tell them you are taking the class for CEAP.

Free 1½ hour class.

www.extension.umn.edu/county/anoka

PRISM Budget Counseling

730 Florida Ave S
Golden Valley, MN

All classes are from 6:00pm – 9:00pm

Please call 763-529-1350 for dates and times, and to register.

Usually meets the 1st & 3rd Thursday of the month.

Tell them you are taking the class for CEAP

Childcare is not available. Free.

www.prismmpls.org

Lutheran Social Service Budget Counseling

In-person counseling required for budget/financial counseling requirement.

Call 888-577-2227 to schedule an appointment.

www.lssmn.org

HOPKINS

CAPSH
33 Tenth Ave S, Ste 150
Hopkins, MN 55343

ST. PAUL

Capitol Professional Bldg
590 Park St, Ste 310
St. Paul, MN 55103

MINNEAPOLIS

2400 Park Ave
Minneapolis, MN 55404

Eastside Financial Center

965 Payne Ave
St. Paul, MN 55103