



REFERRAL FORM FOR THE MINI LOAN PROGRAM

NAME OF PERSON FILLING OUT FORM (VINCENTIAN ADVOCATE):

PHONE NUMBER:

CONFERENCE:

E-MAIL:

APPLICANT NAME:

ZIP CODE:

COUNTY:

ADDRESS:

PHONE:

DATE OF INITIAL CONTACT:

EMAIL:

HOW MANY PEOPLE LIVE IN HOUSEHOLD?

HOW DID APPLICANT HEAR ABOUT THE LOAN PROGRAM?

REASON FOR NEEDING A MINI LOAN:

ESTIMATED LOAN AMOUNT:

DOES THE APPLICANT SPEAK ENGLISH?

INCOME SOURCE (IF EMPLOYED PLEASE PROVIDE EMPLOYER INFORMATION):

APPLICANT MUST HAVE CONTINUOUS INCOME (EMPLOYMENT, SS ETC.) FOR A MINIMUM OF 6 MONTHS. IF EMPLOYED, MUST BE WITH CURRENT EMPLOYER FOR A MINIMUM OF 6 MONTHS. PLEASE MAKE SURE TO ASK THIS OF THE APPLICANT - IF HE/SHE CANNOT MEET THIS REQUIREMENT PLEASE FOLLOW UP WITH THEM AFTER 6 MONTHS AND SUBMIT THE REFERRAL FORM AT THAT TIME.

FULL TIME OR PART TIME:

PERMANENT: YES NO

ESTIMATED MONTHLY INCOME:

ESTIMATED MONTHLY EXPENSES:

BANKING INSTITUTION:

DIRECT DEPOSIT: YES NO

BACKGROUND:

Do you recommend that this neighbor be considered for a Mini Loan? Yes: No:

PLEASE EMAIL THIS FORM TO mlp@svdpcdallas.org

FOR COUNCIL USE ONLY:- Record # _____ Assigned to _____