



**REFERRAL FORM FOR THE MINI LOAN PROGRAM**

NAME OF PERSON FILLING OUT FORM (VINCENTIAN ADVOCATE): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CONFERENCE: \_\_\_\_\_

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APPLICANT NAME: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF INITIAL CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DOES THE APPLICANT SPEAK ENGLISH? \_\_\_\_\_

HOW DID APPLICANT HEAR ABOUT THE LOAN PROGRAM? \_\_\_\_\_

PURPOSE OF LOAN: \_\_\_\_\_ ESTIMATED LOAN AMOUNT: \_\_\_\_\_

INCOME SOURCE: \_\_\_\_\_ (IF EMPLOYED PLEASE PROVIDE EMPLOYER INFORMATION)

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@svdpdallas.org](mailto:mlp@svdpdallas.org)**