

Program Intake Form

Date: / /

- Financial Education/Other: _____
 Financial Coaching
 IDA Orientation
 OL Orientation
 CB Orientation
 Tax Time
 CFR Card
 Student Loan Debt Counseling

1. Personal Information (Please print clearly)

Full legal name:

Last Name: _____ First: _____ Middle: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ / _____ / _____ (MM/DD/YYYY) Gender: _____
 Female Male Trans _____

Email: _____ Phone Number: _____

Language: English Español Language: _____

2. Demographic Information

In order to continue providing classes, services and loans we are asked to provide certain demographic information to funders. Information is reported in summary. Your information is kept confidential.

Monthly Household Income Monthly Housing Costs
 Before taxes (Gross): _____ After taxes (Net): _____ Rent: _____ Mortgage (PITI): _____

How many people live in your household? ____ How many are under the age of 18? ____ How many age 5 or under? ____

Check the option that best describes your household:

- | | |
|---|---|
| <input type="checkbox"/> Single adult with NO children | <input type="checkbox"/> Single male headed household with children |
| <input type="checkbox"/> Married/partnership with NO children | <input type="checkbox"/> Live with roommates/Two or more unrelated adults |
| <input type="checkbox"/> Married/partnership with children | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Single female headed household with children | |

Check the option that best describes your employment status:

- Full time job (35hrs/wk or more)
 Part time job
 Self employed
 Employed but seeking more hours
 Student
 Retired
 Not employed but looking
 Not employed and not looking
 Not able to work
 Other: _____

Check the option(s) that best describes your ethnicity:
 Please self-identify **ALL** that apply to you

- African American
 African: Country: _____
 American Indian
 Asian: Country: _____
 Caribbean: Country: _____
 Hispanic/Latino(a)/Chicano(a): Country: _____
 Middle Eastern: Country: _____
 Pacific Islander/Native Hawaiian: Country: _____
 Slavic: Country: _____
 White
 Other: _____

2. Demographic Information Continued

In order to continue providing classes, services and loans we are asked to provide certain demographic information to funders. Information is reported in summary. Your information is kept confidential.

Check the option that best describes your highest level of education

<input type="checkbox"/> Some high school	<input type="checkbox"/> 2 year college degree
<input type="checkbox"/> Currently in high school	<input type="checkbox"/> Bachelors degree
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> Vocational certificate or higher
<input type="checkbox"/> Some college	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Currently in college	<input type="checkbox"/> Other:

Public benefits:

Check all that currently apply

<input type="checkbox"/> Social Security Insurance
<input type="checkbox"/> Social Security Disability Insurance
<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> Section 8/Public housing
<input type="checkbox"/> Women, Infant & Child (WIC)
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Food Stamps/SNAP
<input type="checkbox"/> Oregon Health Plan
<input type="checkbox"/> Earned Income Tax Credit (EITC)
<input type="checkbox"/> Other: _____

Special Designations: Check all that apply

Y N

<input type="checkbox"/> <input type="checkbox"/>	Are you a veteran?
<input type="checkbox"/> <input type="checkbox"/>	Do you consider yourself disabled?
<input type="checkbox"/> <input type="checkbox"/>	Have you ever been convicted of a felony?
<input type="checkbox"/> <input type="checkbox"/>	Have you ever experienced domestic violence?
<input type="checkbox"/> <input type="checkbox"/>	Have you experienced domestic violence in the last 12 months?
<input type="checkbox"/> <input type="checkbox"/>	Are you a migrant farm worker?
<input type="checkbox"/> <input type="checkbox"/>	Do you or have you ever used check cashers?
<input type="checkbox"/> <input type="checkbox"/>	Do you or have you ever used payday loans?
<input type="checkbox"/> <input type="checkbox"/>	Do you regularly use a bank account?
<input type="checkbox"/> <input type="checkbox"/>	Do any of your minor children have a savings account in their own name?
	If yes, how many children have one? _____

3. Program Interest

Program interests (Check all that apply):

<input type="checkbox"/> Credit building loan	<input type="checkbox"/> Financial coaching
<input type="checkbox"/> Matched savings for education (IDA)	<input type="checkbox"/> Becoming a financial coach
<input type="checkbox"/> Financial education workshops	<input type="checkbox"/> Becoming a volunteer/intern
<input type="checkbox"/> Prepaid debit card	<input type="checkbox"/> Student Loan Debt counseling
<input type="checkbox"/> Credit report review	<input type="checkbox"/> Retirement 101
	Other: _____

How did you hear about us?

Innovative Changes serves low-income households in Oregon and Washington. It is the policy of Innovative Changes to provide an equitable opportunity for program applicants and we will never discriminate against any persons on the grounds of race, color, ethnicity, national origin, gender, sexual orientation, gender identity and expression, religion, age, political affiliation, disability, marital or parental status, or source of income from public funds. All information provided on this form will remain confidential and will not be used for determining program eligibility. Information collected here is used for accumulating aggregated statistical data for reporting to federal and other funders that support Innovative Changes and for use in public relations efforts. No demographic data disclosed will be used to determine your eligibility for a loan from Innovative Changes. I have read and understand the information above.

Signature

Date

Entered by: _____ Date: _____

CREDIT BUILDER LOAN APPLICATION

Type or print neatly in blue or black ink. All fields required; do not leave fields blank. If a field does not apply, please mark it NA.

If applying for joint credit, complete entire application. If applying by yourself, skip the co-applicant section. All applicants must sign the application on the second page.

1. Personal Information (if applying for joint credit, also complete Co-applicant section below)			
Last Name:		First:	Middle Initial:
		Social Security #: - -	
		Date of Birth:	
Home Address:		Home Phone:	
City:		Cell Phone:	
State:	Zip Code:	Work Phone:	Ext:
Email:			
2. Primary Source of income			
Primary Employer Name:		How are you paid?	
Date of Hire:	Monthly Gross Income (BEFORE taxes):	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other _____	
3. Other Sources of Income / Co-applicant income			
Income Source:		Monthly amount (after taxes):	
Income Source:		Monthly amount (after taxes):	
4. Bank Information			
Bank Name:		Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
Average monthly ending balance:		# Overdrafts in last 6 months:	
5. Alternate Contact (Please provide the name of someone we can contact in the event we cannot reach you)			
Name:		Relationship to you:	Phone Number:
6. General Credit Information			
Why are you interested in a Credit Builder Loan/building your credit score? (check as many as apply):			
<input type="checkbox"/> Purchase a home <input type="checkbox"/> Start or expand a small business <input type="checkbox"/> Access to better financial products <input type="checkbox"/> Better insurance rates <input type="checkbox"/> Other (please specify):			
What do you feel is your biggest credit barrier?			
<input type="checkbox"/> Lack of Credit History/No credit <input type="checkbox"/> Poor credit history <input type="checkbox"/> Excessive debt and collections accounts <input type="checkbox"/> Poor credit history due to identity theft <input type="checkbox"/> Other (please specify):			
7. Preferred Payment Date		8. Preferred Loan Amount (a higher loan amount does not affect credit improvement)	
<input type="checkbox"/> 5 th <input type="checkbox"/> 20 th		<input type="checkbox"/> \$200 (\$16.67 payment) <input type="checkbox"/> \$300 (\$25 payment) <input type="checkbox"/> \$600 (\$50 payment)	
9. I want my payments automatically deducted from my bank account.			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Co-Applicant Personal Information: Complete the following information for the second borrower only if applying for joint credit . Both applicants must sign the application. Co-applicants are each contractually liable for the loan.			
Last Name:		First:	Middle Initial:
		Social Security #: - -	
		Date of Birth:	
Home Address:		Home Phone:	
City:		Cell Phone:	
State:	Zip Code:	Work Phone:	Ext:
Email:			

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11. Signature(s). By signing below, I hereby verify that the information presented here is true and accurate to the best of my knowledge, and if asked can prove accuracy of the information. For purposes of verifying the above information, I authorize Innovative Changes (IC\$) or its contractors, affiliates, or agents to contact any persons or companies to verify information IC\$ may require now and in the future, while attempting to perform a loan service for me, providing financial coaching services, or recovering any debt due to IC\$. I authorize IC\$ and its contractors, affiliates or agents to request and receive credit reports from time to time pertaining to me from any Consumer Credit Reporting Agency. Nothing herein contained shall require IC\$ to accept any checks presented by me. I acknowledge that Innovative Changes may report information about a loan I receive to credit bureaus. Late payments, missed payments or other defaults on such loans by me may be reflected in my credit report. I further agree to notify IC\$ of any change in name, address, telephone number, or employer, and any material change in my condition.

Applicant Signature _____ Date _____

Co-Applicant Signature (if applicable) _____ Date _____

DOCUMENTS REQUIRED FOR ALL CREDIT BUILDER APPLICANTS

Please turn in all of the following with your application; we can make copies at our office. You do NOT need an appointment to turn in your application; you may mail, fax, scan and email, or drop your application off at 2027 Lloyd Center Monday-Friday 9-5pm. We recommend calling in advance to make sure someone will be here to accept your application. **Incomplete applications will not be processed.**

Application fee (\$25 (\$40 for joint applications), paid by money order, check, cash (in person only, please do not mail cash), or through our website: <http://www.innovativechanges.org/about/for-current-borrowers> (click "Make a Payment"- be sure to specify Credit Builder Application Fee under "Purpose")

Proof of income for at the one (1) full calendar month prior to date of the application. (Copies of your most recent pay stubs from employment, public assistance, or unemployment).

Copy of your most recent bank statement in your name and with your current address covering the 30 day period prior to submission of the application. Joint applicants with separate bank accounts, please include a statement for each account. *If you do not have a bank account, skip this step.*

Copy of Driver License, other government issued photo ID, or Mexican Matricula Card **for each applicant.**

If your Oregon driver license has your current address on it, skip this step. Proof of Oregon residency **for each applicant**; please provide:

One utility bill in your name with an Oregon address dated no later than 60 days prior to the date of application

—OR—

Copies of two (2) pieces of mail in your name with an Oregon address dated no later than 60 days prior to the date of application

OPTIONAL: If you want payments automatically deducted from your bank account every month, include a voided check with your application. If you don't have checks, you can provide your bank's routing number and your account number instead (ask us for an ACH Authorization Form). **If you do not want autopay, skip this step.**