



Assisting recent immigrants through loans, savings and financial education

P. O. Box 8411
 Madeira Beach, FL 33738
 727-391-8213

Loan Application

Applicant's Name	Last	First	Initial	Suffix
Date of U. S. Entry & Status:		Type of Document:	Copy Attached:	
Amount Sought:	\$	(The maximum loan amount to any Borrower is \$1,500.00.)		
Purpose of the Loan:				
Have you ever been known by other names? (Please circle.)	Yes	No	If yes, please list all:	
Current Address:			City	State
Phone Numbers:	Home:	Cell:	Work:	
Email Address:				
Date of Birth:		Drivers License State & Number:		Social Security Number:
If less than six (6) months, please list your previous address.				
Previous Address:			City	State
Employment				
Current Employer:			Supervisor's Name & Phone	Start Date
Street Address:			City	State
			Zip	Income per Month
If less than six (6) months, please list your previous employer.				
Previous Employer:			Supervisor's Name & Phone	Start Date
Street Address:			City	State
			Zip	End Date
Are there any other sources of income that you wish considered? (Please circle.)	Yes	No	If yes, please list below:	
Applicant need not report income from child support, alimony or separate maintenance unless Applicant wishes to have such income considered.				
Please note:				
Source:			Amount per Month	
Source:			Amount per Month	
Total Income from All Sources:			\$	

Referring Agency

References (Do not list anyone living in the same household as the Applicant or anyone who is a relative.)

Name:				Relationship:	
Street Address	City	State	Zip	Phone	
Name:				Relationship:	
Street Address	City	State	Zip	Phone	

Residence

Landlord or Mortgagee

Name:					
Street Address	City	State	Zip	Phone	

If less than six (6) months, please list your previous Landlord or Mortgagee.

Name:					
Street Address	City	State	Zip	Phone	

Monthly Expenses

Housing	\$
Utilities (electric & gas)	\$
Cable	\$
Phone (land line & mobile)	\$
Credit Cards	\$
	\$
Other Loans (personal, auto, etc.)	\$
	\$
Transportation	\$
Other	\$
TOTAL	\$

Does the Applicant maintain a savings and/or checking account? (Please circle.) Yes No If yes, please list:

Institution				Account Number(s)	
Street Address	City	State	Zip	Phone	

By signing this application, the Applicant agrees that the information provided is true and correct. If sources of income, in addition to the earnings of the Applicant, are to be considered, they must be verified and other individuals must sign this application as Co-Applicants and complete separate applications to be attached to this one. Further, the Applicant and Co-Applicants authorize Project Pro\$per, Inc. and its agents to contact references and employers listed in this application, and to obtain credit histories for the Applicants.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____



Project Prosper

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savings, and financial education

Authorization for Release of Information

I, (please print) _____, hereby authorize Project Pro\$per, through its agents, to obtain information from my past and present employers, landlords and/or mortgagees, creditors and references, to assist Project Pro\$per in its determination of my credit worthiness.

I hereby hold harmless and release from any liability anyone furnishing information in reliance on this Authorization to Project Pro\$per and its agents.

Signed: _____

Dated: _____