

Client Information (Please Print Clearly)

**Orientation Date:** On-Line

**Wyoming**

**County**

**Applicant name:**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Soc Sec #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Co-Applicant name: (if applicable)**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Soc Sec #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Purpose of Loan:** \_\_\_\_\_

**Circle as appropriate:**

**Current employment: more than 6 months / less than 6 months**

**People in Household / Household Income:**

- |  |  |
|--|--|
| 1 person / earning less than \$20,800  | 5 persons / earning less than \$49,600 |
| 2 persons / earning less than \$28,000 | 6 persons / earning less than \$56,800 |
| 3 persons / earning less than \$35,200 | 7 persons / earning less than \$64,000 |
| 4 persons / earning less than \$42,400 | 8 persons / earning less than \$71,200 |

**Are you receiving Cash Assistance or a Voucher?**

**For Office use only**

**Intake Date:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**CHILD & FAMILY SERVICES  
WHEELS FOR WORK LOAN PROGRAMS  
844 Delaware Avenue  
Buffalo, NY 14209-2008  
Phone: 1-866-269-1587  
716-335-7400  
FAX: (716)882-7283**

The Child & Family Services Wheels For Work Loan Programs offer small loans to help families maintain employment. Loans are available at less than 8% interest to families who do not qualify for conventional credit. The loans are an affordable alternative to predatory lending.

1. Applicants are invited to participate in a two-hour Orientation session. These sessions are held every two weeks and are available on line @ [www.cfsbny.org](http://www.cfsbny.org). The presenter covers the purposes for loans and the eligibility criteria. Information presented includes how to complete the applications, spending plan development, ways to increase the money available within households, the wise use of credit and a review of strategies to address delinquent credit.
2. Applications are distributed and Applicant makes an intake appointment with Loan Counselor for future one-on-one session. A fee of \$20.00, in the form of a money order, certified check or cash is due at the time of intake / loan application submission. Applicants meet with a loan counselor to review the application which is submitted to the Loan Committee.
3. The Loan Committee conditionally approves applications based upon applicants having sufficient disposable income and showing intent to repay the loans.

**WHEELS FOR WORK LOAN PROGRAM ELIGIBILITY CRITERIA:**

1. Resident of Wyoming County
2. Children: A member of a family that includes a minor child, under age 18 or under age 19 and attending a secondary school or its equivalent. If a non-custodial parent, a child support order is established if the custodial parent has requested child support services from the social services district
3. TANF eligible or gross family unit income does not exceed 200% of the federal poverty guidelines and unable to access conventional credit:

1 / \$20,800	5 / \$49,600
2 / \$28,000	6 / \$56,800
3 / \$35,200	7 / \$64,000
4 / \$42,400	8 / \$71,200

Additional members add \$7,200 for each member \_\_\_\_/\_\_\_\_\_
4. Applicant scheduled to work at least 20 hours per week.
5. Projected monthly disposable income sufficient to cover projected gasoline, maintenance costs, insurance premium and loan payment.
6. No previous suspensions / revocations of driver's license within last two years, all violations and auto insurance premiums satisfied.

**Loan request:**

Vehicle purchase up to \$4,000; @ 36 month term.

Repair, insuring of personal vehicle necessary to obtain or maintain employment @ 24-month term.

**THE CHILD & FAMILY SERVICES WHEELS FOR WORK LOAN PROGRAM IS FUNDED BY THE NEW YORK STATE OFFICE OF TEMPORARY & DISABILITY ASSISTANCE.**

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WHEELS FOR WORK LOAN PROGRAMS  
844 Delaware Avenue  
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Phone: 1-866-269-1587  
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FAX: (716) 882-7283**

### **FAMILY MEETINGS:**

It is suggested that a family sit down for one hour each week to discuss the progress made toward their financial goals. Outline rules for the meeting; i.e., each person have a chance to speak, speak calmly, avoid the use of the word "you" (use "I" instead), and thank each person for their participation.

**QUESTIONS to ask when looking at each area where you spend your money: Is this**

**the safest way ?**

**a wise use of \$ ?**

**a wise use of time ?**

**the least expensive way to do this ?**

**the only way, is there a back-up plan ?**

**what I want to teach my children / parents ?**

**are we getting closer to our goals?**



Client # \_\_\_\_\_

**Child & Family Services Wheels For Work Programs**  
**844 Delaware Avenue, Buffalo, NY 14209 – 2008**  
**Phone: 1-866-269-1587 716-335-7400**  
**FAX: (716) 882-7283**

<b>Applicant:</b> Last Name		First	Middle	Date of Birth	Social Security Number
/		/	/	/	- -
Current Street Address:			How Long:	Home Number:	
/			/	/	
City:	State:	Zip:	County:	Cell Phone:	
/	/	/	/	/	
E-Mail: _____					
Landlord's Name: _____			Landlord's Number: _____		
Applicant's Previous Address: _____			How Long? _____		
Applicant's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
# of Adults in Household: _____		# of children in household: _____		Ages of children: _____	
<b>Applicant's Employer:</b>	<b>Occupation:</b>	<b>Years/Months</b>	<b>Hours per week</b>	<b>Telephone #</b>	
/	/	/	/	/	
Work Site Address: _____					
Previous / 2 <sup>nd</sup> Employer:	<b>Occupation:</b>	<b>Years/Months</b>	<b>Hours per week</b>	<b>Telephone #</b>	
/	/	/	/	/	
Work Site Address: _____					

<b>Co - Applicant:</b> Last Name		First	Middle	Date of Birth	Social Security Number:
/		/	/	/	- -
Current Street Address:			How Long:	Home Number:	
/			/	/	
City:	State:	Zip:	County:	Cell Phone:	
/	/	/	/	/	
<b>Co-Applicant's Employer:</b>	<b>Occupation:</b>	<b>Years/Months</b>	<b>Hours per week</b>	<b>Telephone #</b>	
/	/	/	/	/	
Work Site Address: _____					
Previous / 2 <sup>nd</sup> Employer:	<b>Occupation:</b>	<b>Years/Months</b>	<b>Hours per week</b>	<b>Telephone #</b>	
/	/	/	/	/	
Work Site Address: _____					

<b>Applicant's Education:</b> School Name:	Degree:	Advisor	Advisor's telephone #
/	/	/	/
Anticipated Graduation:	Credits Last Semester:	Credits this Semester:	

Are any sources of income likely to be reduced in the next two years? \_\_\_\_\_

Referred to program by: \_\_\_\_\_

Is Public Transportation available? \_\_\_\_\_

How many hours a week do you spend in transit to and from work, school, child-care each week? \_\_\_\_\_

How many hours have you missed from school / work in the last month? \_\_\_\_\_

Current Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer: \_\_\_\_\_

Needed Repairs: \_\_\_\_\_ Estimate: \$ \_\_\_\_\_

Value: \$ \_\_\_\_\_

**APPLICATION -**

**Expenses/Income:**

\*Loans are available to qualified families regardless of race, color, religion, national origin, sex, sexual orientation, marital status or age.

Monthly	Expenses (if paid yearly, divide by 12)
	Rent / Mortgage Portion paid by Section 8 / BMH / RAC: \$250
	Real Estate / School Taxes
	Heat: Gas, oil, wood
	Electricity
	Other utilities (cable / satellite TV, water, garbage)
	Groceries, food, dry goods (\$32 per person per week)
	Insurance (auto, fire, renter's/homeowner's, life)
	Medical Insurance: Medicaid, FHP, CHP
	Medical co-pays, prescriptions, glasses, braces, etc.
	Telephone
	Cell Phone / Pager
	Transportation: gas @ \$6 per gallon, parking, bus fare, tolls
\$80	Auto repairs
	Clothing (if unknown, use \$25 per person per month)
	Daycare / Babysitter
	Tuition / After School Activities
	Child Support/Alimony
	Personal Care (haircuts, beauty salon, nails)
	Entertainment: movies, dining
	Dry Cleaning/Laundry
	Newspapers/Magazines
	Pets
	Gifts
	Tobacco / alcohol / lottery
	Church/Charities
	Car payment
	Household Repairs
	Rent To Own
	Banking / Money Order Fees
	Total Expenses

Monthly \$ Totals	Income
	<i>Alimony/child support or separate maintenance income need not be revealed if you do not want it considered as a basis for repaying the requested loan</i>
	Take home pay (self)
	Take Home Pay (Joint-applicant)
	Part time job (who):
	Support/Alimony*
	Pension
	Social Security (for how long)
	Other income
	TANF (cash assistance)
	Food Stamps
	Childcare subsidy
<b>Office Use</b>	
<u>Applicant</u>	Gross Monthly Pay \$
<u>Co-Applicant</u>	Gross Monthly Pay \$
<u>Total</u>	Gross Annual Income \$
	Total Net Income (above)
	Total Expenses
	Total monthly payment to creditors
	Disposable Income
	WFW Loan Request / Term
	WFW Monthly Loan Payment
	WFW Loan Request / Term
	WFW Monthly Loan Payment

**LOAN APPLICATION**

**Additional Debts:**

<b>Debts: Creditor:</b>	<b>Monthly Payment</b>	<b>Balance Owing</b>	<b>For Office Use</b>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
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_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
<b>Totals:</b>	\$ _____	\$ _____	_____

Are there any claims / judgments against you? \_\_\_\_\_  
Are you a co-signer or guarantor for anyone? \_\_\_\_\_  
Estimated Payment Consumer Credit Counseling Services of Buffalo: \_\_\_\_\_  
What other names have you used to apply for credit? \_\_\_\_\_  
Credit Report score: \_\_\_\_\_

**LOAN APPLICATION:**

For request consideration, call **Phone: 1-866-269-1587 or 716-335-7400** for an (one hour intake appointment. A \$20 fee is required at time of intake / submission of loan application. Payment will be accepted in the form of cash, certified check or money order. One hour intakes are offered to those submitting applications. The intake session includes: assistance with the preparation and update of the application as information becomes available in an effort to assure that the information presented to the servicing bank is accurate. Review of applicants' credit reports. Preparation of an Action Plan providing recommendations regarding applicants' financial goals and strategies to address them as identified during the intake session. The Child & Family Services Ways To Work Loan Programs will reimburse the application / intake fee by authorizing a \$20.00 credit towards the final payment to First Niagara Bank, in one disbursement for applicants who have made timely monthly payments to First Niagara Bank for the term of the loan. The fee will not be reimbursed for vehicle repair or purchase loans if the loan payments are made by a third party related to insurance claims or resulting from the transfer or sale of a vehicle. ) at: **CHILD & FAMILY SERVICES WAYS TO WORK LOAN PROGRAMS, 844 Delaware Avenue, Buffalo, NY 14209-2008**

The selection of service(s) or item(s) made possible through the Child & Family Services Ways To Work Loan Programs is your responsibility. The Child & Family Services Ways To Work Loan Programs, First Niagara Bank, the McKnight Foundation, the Alliance for Children and Families, Ways To Work Inc., the New York State Office of Temporary and Disability Assistance and community partners do not guarantee the items or quality of the service performed.

**Information and Notice:** I (We) certify that the information provided throughout this application is true and correct and authorize you to verify it. I understand that the program staff will assist with the preparation and update of the application as information becomes available in an effort to assure that the information presented to the servicing bank is accurate. (We) also authorize you to provide any information contained in this application to the financial institution providing credit to me (us). I (We) understand you may request a credit report on me, co-applicant, and co-signer, as appropriate, from a credit reporting agency in connection with this application or in connection with any update, extension or renewal of any credit extended as a result of this application and for outcome reports. In addition, I understand that, if I (we) ask, you will tell me (us) if a credit report was requested, and if so, the name and address of the credit reporting agency furnishing the report.

In the event your application is conditionally approved, the Child & Family Services Ways To Work Loan Programs can, in our sole discretion, refuse to make the loan, if, (1) the program discovers that the applicant has made any false or misleading statement in the application documentation and or in the process of applying for a loan, or (2) the program discovers anything that we feel may adversely affect the applicant's creditworthiness or ability to repay the loan.

In the event a payment is not made as agreed, collection activities will be pursued that may include repossession, Commercial Claims Court and Property and/or Income Execution. The loan applicant, co- applicant, and co-signer will be responsible for the associated collection costs. If in default, I authorize Child & Family Services Ways To Work Loan Programs to release information to third-parties necessary for collection activities. Further details will be outlined in the Fixed Rate Note and Security Agreement provided by First Niagara Bank at the time of loan closing.

The Child & Family Services will contact you on a periodic basis to collect information including, but not limited to outcomes. Aggregate data, i.e.: number of loans, loan purposes, hours in transit, the reduction of time missed at work, reduction of public assistance benefits, increased wages, will be shared with the New York State Office of Temporary and Disability Assistance, Ways To Work, Inc. and funders.

Your loan application and demographic information is stored on a secured data base. The data base is shared with Ways To Work, Inc. for the purpose of maintaining and upgrading the data base. You may be asked, periodically, if you wish to participate in outcome surveys sponsored by Ways To Work Inc. to evaluate the programs' success.

I understand and agree to the terms listed above:

Signature of Applicant

Date:

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Signature of Co-Applicant

Date:

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**LOAN APPLICATION**

**CHILD & FAMILY SERVICES  
WAYS TO WORK LOAN PROGRAMS  
844 Delaware Avenue  
Buffalo, NY 14209-2008  
Phone: 1-866-269-1587 or 716-335-7400  
FAX: (716) 882-7283**

**REFERENCES**

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIST FIVE REFERENCES (Three non-relatives and two relatives)**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ How long have they known you? \_\_\_\_\_ Nature of relationship: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ How long have they known you? \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ How long have they known you? \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ How long have they known you? \_\_\_\_\_ Nature of relationship: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ How long have they known you? \_\_\_\_\_ Nature of relationship: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_



**CHILD & FAMILY SERVICES WAYS TO WORK LOAN PROGRAMS**  
**844 Delaware Avenue, Buffalo, NY 14209-2008**

**On-Line Orientation Evaluation**

Topic: Child & Family Services Ways To Work Loan Programs' Orientation / Wyoming County

Date: \_\_\_\_\_ Presenter: Laurie Schaller, Director Audience: Inquiring Applicants

Why have you attended this orientation?

- Apply for a loan,
- Learn about credit,
- Learn how to repair credit,
- Other: \_\_\_\_\_

Pre-orientation: Please take this time to complete this block of questions before the orientation. Yes No

	Yes	No
1. Is it wise to include children in discussions regarding the spending of money?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it true that banks only look at a person's credit report score when deciding to approve a loan?	<input type="checkbox"/>	<input type="checkbox"/>
3. It is true that a creditor can list a debt on a credit report for only 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is it true that if a person has a loan for \$1,000 at 0 % interest & no payment is made, that they owe \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>
5. It is true that a car dealer will not offer credit if a person can not afford the monthly payments?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is it important that a person have their employer withhold taxes for each member in the household?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is it recommended that a person keep financial records for seven years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can landlords, employers, insurers, and credit lending institutions pull a person's credit report?	<input type="checkbox"/>	<input type="checkbox"/>

What information was most helpful?

Have you learned more about how to set up a spending plan to meet your family's goals?

We are offering monthly educational workshops. What topic you would like to learn more about?

We can give half hour to hour information sessions throughout the community. Do you know of a group that may be interested in information about the program? If yes, please provide the name of the organization and a contact person if possible.

Was the presenter prepared, understandable, knowledgeable and was time well used?  Yes  No

Comments: \_\_\_\_\_

Post-orientation: Please take time following the Orientation to Complete this block of questions. Yes / No

	Yes	No
1. Is it wise to include children in discussions regarding the spending of money?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it true that banks only look at a person's credit report score when deciding to approve a loan?	<input type="checkbox"/>	<input type="checkbox"/>
3. It is true that a creditor can list a debt on a credit report for only 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is it true that if a person has a loan for \$1,000 at 0 % interest & no payment is made, that they owe \$1,000?	<input type="checkbox"/>	<input type="checkbox"/>
5. It is true that a car dealer will not offer credit if a person cannot afford the monthly payments?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is it important that a person have their employer withhold taxes for each member in the household?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is it recommended that a person keep financial records for seven years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can landlords, employers, insurers, and credit lending institutions pull a person's credit report?	<input type="checkbox"/>	<input type="checkbox"/>

Are you going to apply for a loan?  Yes  No

If no, why not? Comments: \_\_\_\_\_

- My credit is not good enough:
- Do not meet eligibility criteria:  work  school
- Too much paper work:

Other: \_\_\_\_\_

**Thank You for Your Time and Feedback!**