



## Family Loan Program Application

Loan Types: **PLEASE CHECK ONLY ONE**

- ☐ Used Auto Loan – Maximum \$3,000  
☐ Auto Repair Loan – Maximum \$1,000  
☐ Auto Insurance Loan – Maximum \$1,000  
☐ Housing Loan – Maximum \$1,000  
☐ Child Care – Maximum \$800  
☐ Employment Related – Maximum \$500

Today's Date \_\_\_\_\_

County you live in \_\_\_\_\_

How were you referred to this program? \_\_\_\_\_

Amount of loan \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number : \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

How Long? \_\_\_\_\_ (if less than 2 years, please list previous address) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (only if different) \_\_\_\_\_

Previous Address: \_\_\_\_\_

How Long? \_\_\_\_\_

Name and Address of Nearest Relative not living with you \_\_\_\_\_ Phone Number \_\_\_\_\_

### Dependent Information

Total Number of Dependents: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

### Housing Information

Do you: Rent Own Live with Family Other: \_\_\_\_\_ (circle one)

Rent or Mortgage Payment \$ \_\_\_\_\_ Landlord or Mortgage Company \_\_\_\_\_

### Employment History

Current place of Employment \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ to present (if less than 2 years, please list previous employer)

Previous place of Employment \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ to \_\_\_\_\_

### Income

Hourly Rate: \_\_\_\_\_ How often are you paid? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_ (must be over 20 hours per week)

Other Income: \_\_\_\_\_ per \_\_\_\_\_ Source: \_\_\_\_\_

Any other income coming into the household? Y or N (circle one) Amount: \_\_\_\_\_

Source: \_\_\_\_\_

*Income from alimony, child support or separate maintenance need not be revealed if you do not wish it to be considered for a basis for repaying this obligation.*

**Proof of income must be provided (copies of your last 4 paystubs)**

**Social Service Information**Have you ever received cash assistance from welfare? Y or N (*circle one*) Case # \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ How long did you receive the assistance? \_\_\_\_\_

Do you currently receive Food Stamps? Y or N (*circle one*) If yes, how much \$ \_\_\_\_\_

*The following information is voluntary, if you choose not to answer these questions, it will not affect your application and is for the purpose to collect data only.*

Female \_\_\_\_\_ Male \_\_\_\_\_ Marital Status \_\_\_\_\_

America Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ White \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian, Pacific Islander \_\_\_\_\_

Black or African American \_\_\_\_\_ Other \_\_\_\_\_

Education Level (How far did you go in school?) \_\_\_\_\_ Do you have a college degree? \_\_\_\_\_

If yes, what type \_\_\_\_\_

Do you have health insurance for yourself? Y or N (*circle one*)Do you have health insurance for your children? Y or N (*circle one*)

E-Mail address: \_\_\_\_\_

***Please read and sign. Everything that I have stated here in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to run my credit report and ask questions concerning my employment, income, and credit history.***

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

***Please make sure you include a copy of your driver's license.***

**Office use only**

Received application in office \_\_\_\_\_ Date of LVCM \_\_\_\_\_

Past Applicant \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Change in behavior \_\_\_\_\_

\_\_\_\_ CSBG / Child Support Referral

\_\_\_\_ Are you or the co-applicant if applicable related to any board member, employee, volunteer or otherwise connected to NORWESCAP?



**Co-Applicant : Complete this section**

***Personal Information***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F (*circle one*)  
Home Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

***Employment History***

Current place of Employment \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ to present (*if less than 2 years, please list previous employer*)  
Previous place of Employment \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Start Date: \_\_\_\_\_ to \_\_\_\_\_

***Income***

Hourly Rate: \_\_\_\_\_ How often are you paid? \_\_\_\_\_  
How many hours a week do you work? \_\_\_\_\_  
Other Income: \_\_\_\_\_ per \_\_\_\_\_ Source: \_\_\_\_\_  
Any other income coming into the household? Y or N (*circle one*) Amount: \_\_\_\_\_  
Source: \_\_\_\_\_  
***Income from alimony, child support or separate maintenance need not be revealed if you do not wish it to be considered for a basis for repaying this obligation.***  
**Proof of income must be provided (copies of your last 4 paystubs)**

***The following information is voluntary, if you choose not to answer these questions, it will not affect your application and is for the purpose to collect data.***

Female \_\_\_\_\_ Male \_\_\_\_\_ Marital Status \_\_\_\_\_  
America Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ White \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian, Pacific Islander \_\_\_\_\_  
Black or African American \_\_\_\_\_ Other \_\_\_\_\_  
Education Level (How far did you go in school?) \_\_\_\_\_ Do you have a college degree? \_\_\_\_\_  
If yes, what type \_\_\_\_\_  
Do you have health insurance for yourself? Y or N (*circle one*)  
Do you have health insurance for your children? Y or N (*circle one*)  
E-Mail address: \_\_\_\_\_

***Please read and sign. Everything that I have stated here in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to run my credit report and ask questions concerning my employment, income, and credit history.***

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



Please complete this form  
We need to know what your normal  
monthly expenses are

  
**NORWESCAP**  
*Creating Opportunities Changing Lives*  
**Family Loan Program**  
**Financial Information**

| <b>Income into the household</b>        | <b>Applicant</b> | <b>Co-Applicant</b> |
|-----------------------------------------|------------------|---------------------|
| <b>NET INCOME</b> - what you bring home |                  |                     |
| Full Time                               |                  |                     |
| Part Time                               |                  |                     |
| Unemployment/Disability                 |                  |                     |
| Alimony Income                          |                  |                     |
| Child Support Income                    |                  |                     |
| Public Assistance (AFDC, WIC,...)       |                  |                     |
| Pension                                 |                  |                     |
| Social Security                         |                  |                     |
| Other                                   |                  |                     |
| Other                                   |                  |                     |
|                                         |                  |                     |
| <b>Total</b>                            |                  |                     |
| (1) Total Combined: _____               |                  |                     |

| <b>Monthly Housing Expenses</b> | <b>Monthly</b> |
|---------------------------------|----------------|
| Mortgage                        |                |
| Mortgage                        |                |
| Rent                            |                |
| Property Tax(es)                |                |
| Insurance (Homeowners/Renters)  |                |
| Telephone                       |                |
| Oil                             |                |
| Gas                             |                |
| Electric                        |                |
| Garbage                         |                |
| Water                           |                |
| Sewer                           |                |
| Maintenance/Condo Fees          |                |
| <b>(2) Total</b>                |                |

| <b>Savings</b>   | <b>Monthly</b> |
|------------------|----------------|
| Credit Union     |                |
| IRA's            |                |
| Holiday          |                |
| Vacation         |                |
| Other            |                |
| <b>(3) Total</b> |                |

| <b>Food/Beverages</b>                    | <b>Monthly</b> |
|------------------------------------------|----------------|
| Groceries                                |                |
| Lunches (outside the home)               |                |
| Snacks (coffee breaks, outside the home) |                |
| Dinners (outside the home)               |                |
| Liquor/Wine/Beer                         |                |
| <b>(4) Total</b>                         |                |

| <b>Transportation</b>     | <b>Monthly</b> |
|---------------------------|----------------|
| Car Payment               |                |
| Car Payment               |                |
| Car Rental                |                |
| Gasoline/Oil Changes      |                |
| Insurance                 |                |
| Tires/Repairs/Maintenance |                |
| Registration/License      |                |
| Car Pool/Bus/Train/Taxi   |                |
| Parking/Tolls             |                |
| <b>(5) Total</b>          |                |

| <b>Clothing</b>         | <b>Monthly</b> |
|-------------------------|----------------|
| Family Clothes          |                |
| Dry Cleaning            |                |
| Laundry                 |                |
| Uniforms (Work/School)  |                |
| Alterations/Shoe Repair |                |
| <b>(6) Total</b>        |                |

**Monthly Income** \_\_\_\_\_  
**Total Monthly Expenses** \_\_\_\_\_

**Net (-/+)** Short or Over \_\_\_\_\_  
**Consumer Debt Ratio** \_\_\_\_\_

| <b>Medical/Health</b>               | <b>Monthly</b> |
|-------------------------------------|----------------|
| Insurance (Medical/Dental/Hospital) |                |
| Doctors(s)                          |                |
| Counseling/Therapy                  |                |
| Eye Care                            |                |
| Dental Care                         |                |
| Prescriptions/Medications           |                |
| Exercise (Memberships, Equipment)   |                |
| <b>(7) Total</b>                    |                |

| <b>Insurance</b>     | <b>Monthly</b> |
|----------------------|----------------|
| Life (Whole/Term)    |                |
| Insurance Surcharges |                |
| <b>(8) Total</b>     |                |

| <b>Family Expenses</b> | <b>Monthly</b> |
|------------------------|----------------|
| Alimony                |                |
| Child Support          |                |
| Child Day Care         |                |
| Adult Day Care         |                |
| Baby Sitter            |                |
| After School Care      |                |
| House Cleaning Fees    |                |
| Children's Allowance   |                |
| Pet Care               |                |
| <b>(9) Total</b>       |                |

| <b>Education</b>               | <b>Monthly</b> |
|--------------------------------|----------------|
| Tuition                        |                |
| Student Loans                  |                |
| Lessons (sports/dance/ect....) |                |
| Tutorial                       |                |
| Dues/Memberships               |                |
| Books/Supplies                 |                |
| <b>(10) Total</b>              |                |

| <b>Personal</b>         | <b>Monthly</b> |
|-------------------------|----------------|
| Hair Care               |                |
| Cell Phone              |                |
| Cosmetics               |                |
| Postage                 |                |
| Tobacco                 |                |
| Newspapers/Magazines    |                |
| Books                   |                |
| Gifts/Birthdays/Parties |                |
| Gambling/Lottery/Bingo  |                |
| <b>(11) Total</b>       |                |

| <b>Recreation</b>              | <b>Monthly</b> |
|--------------------------------|----------------|
| Movies                         |                |
| Concerts/Plays/Sporting Events |                |
| Cable T.V. / Satellite         |                |
| Hobbies                        |                |
| Records/CD's/Cassettes         |                |
| Internet                       |                |
| 3 in 1 cable/phone/tv          |                |
| <b>(12) Total</b>              |                |

| <b>Debt</b>                        | <b>Monthly</b> |
|------------------------------------|----------------|
| Loans from family/friends          |                |
| Consumer Debt **see attached sheet |                |
| *New Loan                          |                |
| Other                              |                |
| <b>(13) Total</b>                  |                |

| <b>Miscellaneous</b>        | <b>Monthly</b> |
|-----------------------------|----------------|
| Donations                   |                |
| Checking/Savings Acct. Fees |                |
| Other                       |                |
| Other                       |                |
| <b>(14) Total</b>           |                |

**Total Ratio**



## Family Loan Program

### Consumer Debt Sheet

Please list and creditors, bills, car loans, student loans or any other creditor your owe a balance to.

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

|                 |                  |
|-----------------|------------------|
| Creditor Name:  | Balance:         |
| Account Number: | Monthly Payment: |
| Address:        | Past Due Amount: |
| Address:        |                  |

please list any credit cards, lines of credit, car loans or other accounts that you owe a balance on



## Family Loan Program

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Why do you need the loan? What unexpected expenses did you have to run short this loan request ?*

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*How will this help you and your family?*

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*Have you tried other resources?*

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*How will this help you maintain employment?*

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*If you are applying for a security deposit loan are you getting a refund from a previous deposit?*

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# **NORWESCAP's The Family Loan Program**

## **Frequently Asked Questions & Answers**

### **Q. What is the Family Loan Program?**

**A.** *The Family Loan Program* is a program designed to assist low-income, limited asset working families deal with life's unexpected and unpredictable challenges by providing a combination of small, low-interest loans and economic literacy counseling. The program provides help when a shortage of money threatens a family's ability to remain employed.

### **Q. Who can apply for a loan?**

**A.** In order to apply for a loan, a person must meet the following criteria:

- Be employed at least 20 hours per week for at least 6 months at the current job
- Have a family income of less than 250% of the Federal Poverty Guidelines (Example: Family of 4-2019 guidelines *must earn less than \$64,375*)
- Demonstrate that the loan is necessary to meet expenses that will interfere with the ability to maintain employment
- Demonstrate that there is sufficient disposable income to make monthly payments in order to repay the loan

### **Q. How much can I borrow?**

**A.** Loan amounts vary depending of the type of loan needed.

### **Q. What can I use the money for?**

**A.** The loan must be used to help remain employed. Some examples would be:

- Buying a Used Car
- Repairing or Insuring a Car
- Child Care Costs
- Housing
- Other Employment Related Expenses

### **Q. Does the money have to be paid back?**

**A.** Yes. ALL LOANS MUST BE REPAID. This program does not provide grant money.

### **Q. How long would I have to pay the money back?**

**A.** Loans are made for a maximum of two (2) years. During the loan review process a Loan Coordinator will review your budget and monthly payment amounts will be determined. It is critical to make each monthly payment on time. An average repayment for a \$1,000 car repair is \$87 per month for one year.

### **Q. How much is the interest on the loan?**

**A.** Interest rates will vary, but the program does provide low-interest loans and the annual percentage rate is between 6 and 8 percent based on income.

### **Q. How long does it take to get a loan?**

**A.** After applying for a loan, it will take approximately 3 weeks to receive approval or denial from the Loan Review Committee. While we recognize that the loan is very important, these funds are not available on an emergency basis.

### **Q. How do I apply for a loan?**

**A.** To apply for a loan, or to learn more about this program, contact a Loan Coordinator at NORWESCAP by calling, 908-454-7000, ext.1116.



## ***"THE FAMILY LOAN PROGRAM"*** **FACT SHEET**

### **NORWESCAP HISTORY:**

NORWESCAP, the Northwest New Jersey Community Action Program, is a private, non-profit corporation established in 1965 under the Economic Opportunity Act to serve the low-income population of Warren, Hunterdon, and Sussex Counties. Over the past 50 years many changes in the agency have occurred due to legislative and funding constraints. What has not changed is the mission of the agency, which is "To strengthen the community by providing cost-effective, coordinated services to those in need, thereby increasing hope and self-esteem, encouraging goal achievement, and improving self-sufficiency."

The agency now services approximately 35,000 persons residing in **Hunterdon, Morris, Somerset, Sussex, and Warren Counties**. There are 17 departments, which coordinate 30 different programs. There is a 25 member Board of Trustees, and approximately 235 employees dedicated to such diverse programs as Welfare reform, housing development, energy conservation, family services, child care, Head Start, volunteers, nutrition, outreach, information and referral, Food Bank, subcontracted programs, management seminars, and utility assistance programs. Funding for these programs comes from over 20 different sources, and administratively the agency is responsible to the New Jersey Department of Community Affairs.

What follows in this article is information related to a new program designed to provide low-interest loans to individuals who may be in jeopardy of losing employment as a result of an unexpected monetary shortage.

### **THE FAMILY LOAN PROGRAM:**

NORWESCAP had been selected as one of six agencies throughout New Jersey to administer The Family Loan Program. The program is modeled after the "Ways to Work Family Loan Program" which was initiated by the McKnight Foundation in 1984 in Minnesota. Since then, the "Ways to Work" program has assisted more than 12,000 families nationally with more than \$13 million in loans. NORWESCAP continues to operate this successful program with funding from private foundations and federal dollars.

NORWESCAP will provide The Family Loan Program to residents of **Hunterdon, Morris, Somerset, Sussex, and Warren** counties. This proven, innovative program provides small loans to low-income working families who cannot get loans elsewhere. **The purpose of the loan is to help family members pay for unexpected expenses that could interfere with their ability to retain employment.** It is based on the premise that life's unpredictable challenges – like repeated car breakdowns or child care difficulties – can easily plunge a family living on a marginal income into crisis and unemployment. By providing a combination of small loans and financial literacy counseling, the program provides help when a shortage of money threatens a family's ability to remain employed. The financial literacy counseling will be offered in the form of monthly classes. Classes will be held in the evenings and will offer free on-site childcare and refreshments. Borrowers will be required to attend three sessions during the loan repayment, two of which will be designed to improve budgeting skills.



### **Eligibility**

In order to apply for a loan, a person must meet the following criteria:

- Be employed at least 20 hours per week for at least 6 months at the current job
- Have a family income of less than 250% of the Federal Poverty Guidelines ( 2019- a family of 4 must be under \$64,375.00)
- Demonstrate that the loan is necessary to meet expenses that will interfere with the ability to maintain employment
- Demonstrate that there is sufficient disposable income to make monthly payments in order to repay the loan.
- Have a social security number

### **Loan Information**

Local financial institutions will make the actual loans. **IRCO Community Federal Credit Union, Lakeland Bank, Financial Resources Federal Credit Union and PNC Bank** have all agreed to commit to this project. Loans must be used to help a family remain employed. Some examples would be buying a car, repairing or insuring a car, childcare costs, housing, or other employment related expenses. Loans will be made for a maximum of 2 years. Interest rates will vary, but will be between 6% and 8%.

**IT IS IMPORTANT TO NOTE THAT ALL LOANS MUST BE REPAID. THIS PROGRAM DOES NOT PROVIDE GRANT MONEY.**

Applications for loans will be submitted to a Loan Review Committee. The Committee will make the decision to approve or deny the loan. Decisions by the Loan Review Committee will be made in 3 weeks or less.

### **Limits and Uses**

Loans made through the Family Loan Program are subject to the following guidelines:

- Loans to purchase a used car are not to exceed \$3,000
- Loans for car repairs are not to exceed \$1,000 and may not exceed the value of the car
- Loans for car insurance, not to exceed \$1,000
- Loans for child care are not to exceed \$800
- Loans for mortgage/housing costs are not to exceed \$1,000
- Loans for other appropriate employment related purposes are not to exceed \$500.

Loans are not to be used for payment of credit card bills, taxes, fines, one's own business, travel, legal fees, delinquent credit accounts or education. Beyond these guidelines, the Loan Review Committee will deem the use of loan funds appropriate on a case-by-case basis.

### **More Information and an Application**

To learn more about this program or to apply for a loan, please contact a Loan Coordinator at NORWESCAP by calling toll free 800-480-8662 or 908-454-7000 x1116. You can also stop into the NORWESCAP office at 350 Marshall Street in Phillipsburg, Monday through Friday between the hours of 8:30 AM and 4:30 PM.

When completing your application, please make sure all of the forms are completed.

- Applicants should reside in Hunterdon, Morris, Somerset, Sussex or Warren Counties
- Application must be signed, if there is a co-applicant, the co-applicant must also sign
- All 4 forms must be completed in full.(Application, Financial Worksheet, Consumer Debt Sheet & the Statement sheet)
- **Home phone number and work phone number**
- Your monthly rent or mortgage amount and your landlord's name or your mortgage company's name
- **Photo copies of your last four paystubs to verify income \*\*\*\*\***
- Photo copies of other family income stubs, ie... social security, child support, disability, ect.

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• <b>A copy of your driver's license must be attached</b></li></ul> |
|-----------------------------------------------------------------------------------------------------------|

- Loan Type and Amount of Loan

Applications can be mailed it to:

NORWESCAP Family Loan Program, Attn: Carolyn Thoens – Family Loan Program  
350 Marshall Street  
Phillipsburg, NJ 08865

OR

Faxed to 908-454-2968 Attn: Carolyn Thoens – Family Loan Program

OR

e-mailed to : [thoensc@norwescap.org](mailto:thoensc@norwescap.org)

OR

An in person appointment can be made .