



Home Sweet Home Community Redevelopment Corporation



Hurricane Harvey Car Replacement Grant Program

APP#: _____

\$10,000 _____ New Car \$5000 _____ Used Car \$2500 _____ Repair/Deposit

FEMA#: _____

| (A) APPLICANT INFORMATION | | | | (B) JOINT APPLICANT INFORMATION | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------|-----------------|----------------------------------------------------------|------------|---------------------------|-----------------|
| PRINT FULL NAME | | | | PRINT FULL NAME | | | |
| DOB | | SSN | # OF DEPENDENTS | DOB | | SSN | # OF DEPENDENTS |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY | | STATE | ZIPCODE | CITY | | STATE | ZIPCODE |
| HOW LONG? | HOME PHONE | | CELL PHONE | HOW LONG? | HOME PHONE | | CELL PHONE |
| RESIDENTIAL STATUS | | MONTHLY RENT/MORTGAGE PMT | | RESIDENTIAL STATUS | | MONTHLY RENT/MORTGAGE PMT | |
| LANDLORD OR MORTGAGE HOLDER'S NAME | | | | LANDLORD OR MORTGAGE HOLDER'S NAME | | | |
| PREVIOUS ADDRESS (if less than 2 yrs at current address) | | | | PREVIOUS ADDRESS (if less than 2 yrs at current address) | | | |
| CURRENT EMPLOYER'S NAME | | | | CURRENT EMPLOYER'S NAME | | | |
| CURRENT EMPLOYER'S ADDRESS | | | | CURRENT EMPLOYER'S ADDRESS | | | |
| GROSS MONTHLY SALARY | | WORK PHONE | | GROSS MONTHLY SALARY | | WORK PHONE | |
| OCCUPATION/JOB TITLE | | | HOW LONG? | OCCUPATION/JOB TITLE | | | HOW LONG? |
| PREVIOUS EMPLOYER (if less than 2 yrs on current job) | | | HOW LONG? | PREVIOUS EMPLOYER (if less than 2 yrs on current job) | | | HOW LONG? |
| OTHER INCOME NOTE: Alimony, child support, or separate maintenance incomes do not have to be revealed unless the applicant wishes to have such sources considered as a basis for repayment of the requested credit amount. | | | | | | | |
| GROSS MONTHLY OTHER INCOME | | OTHER INCOME SOURCE | | GROSS MONTHLY OTHER INCOME | | OTHER INCOME SOURCE | |
| REFERENCE 1 | | PHONE | | ADDRESS | | RELATIONSHIP | |
| REFERENCE 2 | | PHONE | | ADDRESS | | RELATIONSHIP | |

FAIR CREDIT REPORTING ACT TO CONSUMER

THIS WILL ADVISE YOU THAT YOUR RETAIL INSTALLMENT SALES CONTRACT AND BUYER'S APPLICATION FOR SECURED DEBT WILL BE SUBMITTED TO FINANCIAL INSTITUTIONS AND THEIR AFFILIATES FOR PURCHASE AND CONSIDERATION AS TO WHETHER YOU MEET THEIR CREDIT REQUIREMENTS.

THE UNDERSIGNED FURTHER AUTHORIZES THESE FINANCIAL INSTITUTIONS AND THEIR AFFILIATES TO OBTAIN SUCH INFORMATION THAT THEY MAY REQUIRE IN ORDER TO VERIFY INFORMATION RELATIVE TO THIS REQUEST INCLUDING CONTACTING SPOUSES TO VERIFY SPOUSE RELATED INFORMATION.

I CERTIFY THAT ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS COMPLETE AND ACCURATE. I GIVE MY PERMISSION FOR ANY FINANCIAL INSTITUTION WHICH WILL REVIEW THIS CREDIT APPLICATION, TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY, AND TO ANSWER QUESTIONS ABOUT THEIR CREDIT EXPERIENCE WITH ME INCLUDING BUT NOT LIMITED TO LATE PAYMENTS, MISSED PAYMENTS OR OTHER DEFAULTS, AND THIS INFORMATION MAY BE REPORTED IN YOUR CREDIT REPORT.

This is a Car Donation Program from Home Sweet Home Community Redevelopment Corporation. We do not report anything to Equifax, Tran Union or . However, if you receive a loan from dealership or one of our lending companies, they will report your payments to their credit company. You must clear all paperwork with our office before going to dealership.

APPLICANT SIGNATURE _____
 REQUIRED _____ DATE _____

JOINT APPLICANT SIGNATURE _____
 REQUIRED _____ (means you intend to apply for joint credit) DATE _____

(A) APPLICANT Driver's License No. _____

(B) JOINT APPLICANT Driver's License No. _____

FOR DEALER USE ONLY

| NEW | USED | DEMO | YEAR | MAKE | BOOK VALUE | |
|-----------------------------|------|------|------|--------|----------------------|---------|
| MODEL | | | | | BODY STYLE | MILEAGE |
| TRADE IN YEAR | | MAKE | | MODEL | LIENHOLDER | |
| TERM | | RATE | | AMOUNT | DEALER (UNDERWRITER) | |
| CASH SELLING PRICE _____ | | | | | | |
| NET TRADE _____ | | | | | | |
| CASH DOWN _____ | | | | | | |
| UNPAID BALANCE _____ | | | | | | |
| PLUS INSURANCE & FEES _____ | | | | | | |
| TOTAL AMOUNT FINANCED _____ | | | | | | |

Mail your application and all documents to:

Home Sweet Home CRC

Attn: Hurricane Harvey Car Replacement Program 2017

9001 Airport Blvd Suite 703 Houston Texas 77061 Phone: 832-760-3723

E-Mail: homesweethomecrc@gmail.com Website: http://www.homesweethomecommunity.org