



Dear Loan Applicant,

Thank you for your interest in CHDC's Driving Clean Assistance Program (DCAP). To begin the process please be aware of the following important information.

1. To apply for the vehicle loan you **MUST** have the following:

- Verifiable Income
- Be 18 years or older
- Have a valid California Driver License
- Reside within the program's designated counties
- Meet 400% of Federal Poverty Guideline

The purpose of the Vehicle Loan is for the purchase of an:

- **Advanced Technology Vehicle** – Hybrid-Electric Vehicle (HEV); Battery-Electric Vehicle (BEV); Plug-in Electric Vehicle (PHEV)

2. Please complete the enclosed application package and provide copies of all required supporting documentation, then submit via your preferred option:

Mail: **Community Housing Development Corporation**
ATTN: CHDC's Driving Clean Assistance Program
1535-A Fred Jackson Way, Richmond, CA 94801

Fax: (510) 439-4898

Email: Respond directly to sender

3. Upon receipt of your application and supporting documentation, you may be contacted by the loan coordinator to discuss your application and to receive appropriate financial counsel when necessary to obtain loan approval. All information is kept confidential and only used for the purposes of processing the loan application. You may be asked for additional verification of information.

4. *Lender Approvals:* You will be notified in writing within 2 days of loan approval. At that time, your loan coordinator will provide you with help to understand the action steps required so that you can receive the grant funds and vehicle loan.

DOCUMENTATION CHECKLIST



VERY IMPORTANT!!

To process your application promptly provide all documents with your initial submission.

- **Completed Loan Application (3 Pages)**
(Please sign the last page where appropriate)
 - **Completed Demographic Intake Form**
(For Co-Signers fill out 2 Sheets)
 - **Clear Copy of CA driver's license**
 - **Personal Needs Letter**
Please tell us about your need and any specific situation you would like us to consider for your loan application
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- **Budget Form**
(Fill in all known expenses)
 - **Income Verification (Options Below)**
 - 3 most current paystubs (Employed)
 - Last 2 years of tax returns (Self Employed / Independent Contractor)
 - SSI – Award Letter
 - Any Other Income (Please provide supporting docs)
 - **Bank Statements**
(2 most current months)
 - **Supporting Documents for Expenses**
 - Copies of Utility Bills
 - PG&E Bill
 - Water Bill
 - Cable / Internet Bill
 - Phone/Cell Phone Bill
 - **Verification of Housing**
(e.g. Rental/Lease Agreement, Mortgage Payment, Written agreement by landlord)
-
- **Privacy Disclosure Statement**
 - **Financial Education Completion Certificates (Reference **FDIC Money Smart** page)**
 - Borrowing Basics
 - Pay yourself first
 - To your credit

FDIC Money Smart – Computer Based Instruction (CBI)

1. REGISTER ONLINE – Click on Register Now > Create an account
<https://moneysmartcbi.fdic.gov>
2. The newly enhanced Money Smart Computer-Based Instruction (CBI) is an easy-to-use tool to learn more about basic personal financial management.
3. Once you register please sign in and complete the **3 training modules** listed below. Successful completion of a module will earn the user a **certificate of completion** for the module. **These are the completion certificates you will submit with your application.**
 - [Borrowing Basics](#)
Participants will understand How credit works, types of credit that are available, and if they are ready to apply for credit.
 - [Pay Yourself First](#)
Participants will understand ways to save money and savings options to save toward their goals.
 - [To Your Credit](#)
Participants will understand how to read a credit report and how to build and repair their credit history.



1535-A Fred Jackson Way, Richmond, CA 94801
 Phone: (510) 412-9290 | Fax: (510) 439-4898

Driving Clean Assistance Program Application

Applicant's Name (Please Print)		Date of Birth	
SS#		Home Phone	
Address		Cellular Phone	
City, State, Zip, County		Work Phone	
*If at current address 6 months or less please enter previous address		Email	
Marital Status	Primary Language	Gender	Ethnicity
Previous Address, City, State, Zip, County			

Employment History

Employer:
Occupation:
Start Date: End Date:
Wage \$ Hourly or Annually:
Hours Worked Weekly:
Phone Number:
Supervisor Name:
Supervisor Number:

Employer:
Occupation:
Start Date: End Date:
Wage \$ Hourly or Annually:
Hours Worked Weekly:
Phone Number:
Supervisor Name:
Supervisor Number:

Household Income- including employment, child support, interest income, etc.

Household Member	Source of Income	Gross Annual Income

Do you receive child support? Yes No If Yes, how much? \$

List all education or training programs you are currently attending

School Name	Counselor	Phone
Date of Registration	Anticipated Graduation Date	Number Credits Completed
Credits Needed to Graduate		



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Transportation

How do you get to work?	Average Miles to work?
Bus Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you transport children to Daycare and or School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total time in transit? Hours	

Driving Record

Have you had any moving violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any DWI / DUI / OWI/? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pending traffic related court cases, unpaid fines or tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Housing History

Housing type (Rent / Own)	Mortgage / Landlord's name:
Monthly amount: \$	Time at this address: Years Months
Previous Address *	City State Zip
County	Time at this address: Years Months

*** Optional information about alimony, child support or separate maintenance: This information and other information need not be revealed if you do not want it considered as a basis for repaying this obligation.*

Income from child support, alimony or maintenance payments \$
How long received: Years Months
Name of payer: Address, City, State, Zip of payer:
Do you pay any alimony, child support or maintenance? <input type="checkbox"/> Yes** <input type="checkbox"/> No
Are there any claims, suits or judgments against you? <input type="checkbox"/> Yes** <input type="checkbox"/> No
Are you a co-signer or guarantor for anyone? <input type="checkbox"/> Yes** <input type="checkbox"/> No

** If you answered yes to any of the above section, please explain.

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Referred by:
For what purpose will this loan be used?
Monthly Income \$

Name of nearest relative or friend not living with you: (Please provide three if possible)

1. Name	Relationship	Phone Number
Address	Cellular Phone	Email
2. Name	Relationship	Phone Number
Address	Cellular Phone	Email
3. Name	Relationship	Phone Number
Address	Cellular Phone	Email

Others living with you (including children)

1. Name	Relationship	Age
2. Name	Relationship	Age
3. Name	Relationship	Age
4. Name	Relationship	Age



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CO-APPLICANT OR CO-SIGNER:

(Complete this section only if the co-signer will be contractually liable on the account, OR applicant is relying on co-applicant's income as a basis for repayment of account)

CO-Applicant's Name (Please Print)	Date of Birth
SS#	Home Phone
Address	Cellular Phone
City, State, Zip, County	Work Phone
Time at this address: Years Months	Email
Housing type (Rent / Own)	Mortgage / Landlord's name:
Monthly amount: \$	Time at this address: Years Months

Employment History

Employer:
Occupation:
Start Date: End Date:
Wage \$ Hourly or Annually:
Hours Worked Weekly:
Phone Number:
Supervisor Name:
Supervisor Number:

***Alimony, child support or separate maintenance income need not be revealed if you do not want it considered as a basis for repaying this obligation.*

Income from child support, alimony or maintenance payments \$
How long received: Years Months
Name of payer: Address, City, State, Zip of payer:

IMPORTANT—APPLICANT MUST READ BEFORE SIGNING

The selection of service(s) or item(s) made possible through the Ways to Work loan program is your responsibility. Name of Agency does not guarantee the items or quality of the service performed.

I certify that the information provided throughout this application is true and correct. I am aware that the information I have provided is subject to review and verification. I allow the release of this information for verification purposes and understand that it will be used to determine eligibility. I acknowledge a credit report will be obtained by the program director at loan entry and at loan conclusion. If I receive a loan, I understand that non-payment may result in collection activity such as: repossession, third-party collections, legal action, or wage assignment. In default, I authorize the Name of Agency to release information to third-parties necessary for collection activity.

Signature of Applicant Date Signature of Co-Applicant Date

Notice to Co-Signer: You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept the responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late feeds or collection costs, which increase this amount. The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as: litigation, garnishment, third-party collection activity. If this debt is every in default, that fact may become a part of your credit record. This notice is not the contract that makes you liable for the debt. I acknowledge reading this notice before I signed the promissory note.

Signature of Co-Signer Date



Demographic Intake Form

1. **Gender:** Male Female
2. **Marital Status:** Single Married
3. **Head of Household:** Are you the head of the household? Yes No
If not the head of household, is the head of the household female? Yes No
4. **Are you a U.S. Citizen?** Yes No
5. **Are you a Veteran?** Yes No
6. **Are you permanently disabled?** Yes No
7. **What is your primary language?** _____
8. **Education Level:** Primary High School/GED Vocational College None
9. **Do you receive income from any of the following sources?** SSI SSA Pension
Other _____
10. **Race** (Check only one):
 Native American Asian Black Hawaiian/Pacific Islander White
 Mixed /Multi-Racial Hispanic Other (specify): _____
 Decline to State
11. How did you hear about this program? _____

By signing below, I certify that the information I provide in this Demographic Intake Form is true and correct. I authorize Community Housing Development Corporation (CHDC) to obtain my credit report, and I authorize CHDC to verify this information for the purpose of qualifying me for the CHDC Transportation Program.

Print Name: _____

Participant's Signature _____ Date _____

Community Housing Development Corporation
1535-A Fred Jackson Way, Richmond, CA 94801 Phone:
(510) 412-9290 // www.communityhdc.org

PRIVACY NOTICE

CHDC has always been dedicated to meeting the needs of the individuals we serve. Our relationship with you is based on respect and trust. We believe that the privacy of your personal information is very important and cannot be compromised. With this guiding principle in mind, we have established standards to ensure that all personal information of our customers and former customers is secure and confidential. We are pleased to share with you our Privacy Policy for the collection, use, retention and security of information provided to us by customers.

We collect the information we receive from you in your application and supporting documentation, such as your name, address, social security number, assets, employment and income; the information we receive from your experiences with us, with our affiliates, and with other service providers, such as your payment history, transaction parties, insurance policy coverage and premium amount, and the information we receive from consumer reporting agencies, such as your creditworthiness and credit history. We maintain strict physical, electronic and procedural safeguards that comply with federal regulations to protect all of this personal information. We restrict access to this Information to only those persons who need to know it in order to provide you with products or services.

We share Information regarding our customers and former customers with affiliates and third parties only in accordance with these strict security standards and confidentiality policies, and as permitted by applicable law.

You may ask us not to share Information, including Information that we receive in your application or in your report from credit bureaus, with our affiliates. If you don't want such Information shared, you may write to us at COMMUNITY HOUSING DEVELOPMENT CORPORATION Attention: VIVIAN RAHWANJI. Please provide your name, address, social security number and account number(s). Your request not to share Information does not include Information that we are permitted by law to share, such as Information related to our experiences and transactions with you.

Read and received by _____ Date _____