



The CAREs Project, Inc.

Into a CAR and onto Financial INDEPENDENCE

3410 Healy Drive, Suite 209 Winston-Salem, NC 27103 336-840-1555 www.thecaresproject.org

Car Ownership Program - Customer Application

Name _____ Date of Birth _____
(Full name as it appears on your driver's license)

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Cell Phone _____ SSN _____ - _____ - _____

Email _____ Preferred method of contact? Email Phone

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Marital Status

- Single (never married)
- Married
- Divorced/widowed

Sex

- Female
- Male

NC License # _____ Date Issued _____ Date Expired _____

Education

Highest level of Education Completed _____ Degree/ Certification Earned: _____

School Name	Major	Full time/Part time	Online/ In-person	Dates (MM/YY)	Degree/ Certification earned
				to	
				to	

Employment

Present Employer _____ Occupation _____

Address _____ Business Phone _____

How often do you get paid _____ Hourly Salary Hourly rate \$ _____

Average hours per week _____ Date Hired _____

Secondary Employer _____ Occupation _____

Address _____ Business Phone _____

How often do you get paid _____ Hourly Salary Hourly rate \$ _____

Average hours per week _____ Date Hired _____

Previous Employer	City/State	Occupation	Dates Employed	Reason for Leaving
			to	
			to	
			to	

Household

Length of current residency ____ Years ____ Months Rent Buy
 Monthly Payment \$ _____ House Apartment Duplex Other _____
 How many people currently live in your household? _____

Household Monthly Income

Item	Pay Schedule	Gross Earnings per Pay Period	Net Earnings (take home pay/after taxes) per Pay Period
Employment Income			
Second Income			
Food Stamps			
Child Support			
Other _____			
Other _____			
Total			

Any vehicle made possible through The CAREs Project is your responsibility. The CAREs Project does not guarantee the vehicle. Warranties, if any, of any kind, on any vehicle, are between the dealership and the client. **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. 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 (as allowed by law). I understand that failure to make timely payments on the loan or not fully pay off such loan may negatively impact my credit score. If in default, I authorize the CAREs Project, Inc. to release information to third-parties necessary for collection activity. We use "soft pulls" of client data to assist us with financial education. While we do not use credit score or history to determine if an applicant gets a vehicle loan from us, having access to an applicant's credit report helps us to accomplish financial and credit coaching of our clients. I hereby authorize The CAREs Project, Inc. to access my credit report on ____ day of _____, 20__ for purposes of providing me with financial counseling. I understand that this inquiry into my credit constitutes a "soft inquiry" and will not adversely affect my credit or credit rating. While this credit report and score pulled by The CAREs Project, Inc. on my behalf will be used to provide me with financial counseling, it is understood that I will not receive a copy of this credit report, Notwithstanding the foregoing, I understand that I have the right to dispute information with the credit bureau, to request investigation, and to have corrected reports reissued to previous recipients of this credit report, if warranted. I understand that credit information is sensitive and there may be inherent risks to accessing such data; I have had the opportunity to ask a CAREs Project Financial Coach questions regarding such risks. I further understand that all my personal information will be held **confidential** by The CAREs Project, Inc.

Printed Name of Applicant

Signature of Applicant

Date

Office Use Only Date Received: _____ Staff Initials: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
