

# Eagle Valley Family Assistance Fund

Thank you for your interest in applying for a loan from the Eagle Valley Family Assistance Fund (EVFAF).

Founded in 1993, EVFAF has existed to provide a no-interest revolving loan fund for families in need of assistance in Eagle County. The organization's foundation is as a loan fund, with the requirement that all loans be repaid (to emphasize, the organization does not and will not provide grants). As part of each transaction, each candidate is required to provide proof of employment and each candidate must exhibit an ability to repay the desired loan. To finalize the transaction, approved candidates will also be required to sign a promissory note, and this promissory note is a legal commitment to repay.

If you feel as though you would qualify for a loan from EVFAF, we ask that you please complete the attached application. Upon completion of the application, you may send it to the Board of Directors for review through one of the following methods:

- You may drop off the application at the FirstBank Avon location.  
If you drop off the application, please leave it with the receptionist and please make sure to specify the application is for the "Eagle Valley Family Assistance Fund"
- You may e-mail the application to [info@evfaf.net](mailto:info@evfaf.net)
- You may mail the application to PO Box 4711, Avon, CO 81620

For more information on the organization, please feel free to visit our website at: [www.evfaf.com](http://www.evfaf.com)

Thank you again for your interest in EVFAF. We will be in touch soon.

# Eagle Valley Family Assistance Fund Application Form

Date \_\_\_\_\_

**Applicant #1**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Citizen? \_\_\_\_\_

Who referred you to the Eagle Valley Family Assistance Fund?  
\_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

**Applicant #2**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Citizen? \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_

## Family Members:

Children Living with You:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

List children not living with you. Explain any custody issues:

Applicant #1 \_\_\_\_\_

Applicant #2 \_\_\_\_\_

## Parents:

Applicant #1

Mother: \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

Father: \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant #2

Mother: \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

Father: \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

## Nearest Relative:

1 Name/Relation \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

2 Name/Relation \_\_\_\_\_ Location \_\_\_\_\_ Phone Number \_\_\_\_\_

Married? \_\_\_\_\_ Date of Marriage \_\_\_\_\_ Years Together \_\_\_\_\_

Church Affiliation / Name of Church \_\_\_\_\_

**Current Employment**

Applicant#1					
Employer:	_____	Position	_____	How Long?	_____
Address	_____	City	_____	State	_____
		Zip Code	_____	Phone	_____
Immediate Supervisor _____					
Applicant#2					
Employer:	_____	Position	_____	How Long?	_____
Address	_____	City	_____	State	_____
		Zip Code	_____	Phone	_____
Immediate Supervisor _____					

**Previous Employment**

Applicant#1					
Employer:	_____	Position	_____	How Long?	_____
Address	_____	City	_____	State	_____
		Zip Code	_____	Phone	_____
Immediate Supervisor	_____	Reason for Leaving			_____
Applicant#2					
Employer:	_____	Position	_____	How Long?	_____
Address	_____	City	_____	State	_____
		Zip Code	_____	Phone	_____
Immediate Supervisor	_____	Reason for Leaving			_____

**Medical History / Problems / Medications** Please indicate both past and current:

Applicant #1	_____
Applicant #2	_____
Children:	_____
Additional medical information, including outstanding medical bills:	

**Education:**

Applicant #1	_____
Applicant #2	_____

**Substance / Spousal Abuse:**

Applicant #1	_____
Applicant #2	_____

**Arrests / Criminal Convictions:**

Applicant #1	_____
Applicant #2	_____

## Financial Information

### Assets:

Cash In Bank / on hand _____	
Main Residence Current Market Value _____	Current Loan Amount on Main Residence _____ Mortgage Holder _____
Other Property Current Market Value _____	Current Loan Amount on Other Property _____ Mortgage Holder _____
Vehicle Year _____ Vehicle Make _____ Vehicle Model _____	Financed By: _____ Amount Owed _____
Vehicle Year _____ Vehicle Make _____ Vehicle Model _____	Financed By: _____ Amount Owed _____
Other Assets, please describe and list value	

### Liabilities:

Credit Card Company _____	Amount Owed _____	Credit Card Company _____	Amount Owed _____
Credit Card Company _____	Amount Owed _____	Credit Card Company _____	Amount Owed _____
Credit Card Company _____	Amount Owed _____	Credit Card Company _____	Amount Owed _____
Other Liabilities or Outstanding Debts, please describe and list value and whether owed by Husband (H), Wife (W) or Joint (J)			

Monthly Income	
Applicant #1 Gross Pay (monthly)	
Applicant #2 Gross Pay (monthly)	
Child Support	
Interest/Dividends	
Social Security	
Welfare	
Other	
<b>Total Monthly Income</b>	

Monthly Expenses	
Rent / Mortgage	
Car Payment	
Car Payment	
Total Credit Card Payments	
Other Loan Payments	
Day Care	
Cable / Phone / Internet	
Insurance (Car/Health/Home/Rental)	
Child Support/Alimony	
Gas	
Electricity	
Water	
Cell Phone	
Food / Household Items	
Gas	
Personal Expenses	
Other	
<b>Total Monthly Expenses</b>	

Notes / Explanation: \_\_\_\_\_

# Request and Waiver

Amount requested from EVFAF \_\_\_\_\_

Money to be Used For: \_\_\_\_\_

If any of the above information is found to be false, this will constitute grounds for denial of this loan.

The above statements are true to the best of my knowledge:

\_\_\_\_\_  
Applicant # 1

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **WAIVER OF LEGAL RIGHTS** Release of Confidential Information

Applicant Signature(s) at the bottom of this document constitute permission for the Eagle Valley Family Assistance Fund ("Fund") or any of its member to gather information deemed appropriate by the Fund. This information includes, but is not limited to, financial, medical, employment, housing, public assistance, or any other information needed by the Fund for maintenance of its non-profit purposes.

The Applicant(s) allow the Fund to contact any individuals or entities to verify the validity of any representations made by the applicant(s).

The signature(s) serve to release the Fund from any subsequent liability for gathering the information heretofore confidential.

\_\_\_\_\_  
Applicant # 1

\_\_\_\_\_  
Applicant #2

\_\_\_\_\_  
Applicant # 1 Printed Name

\_\_\_\_\_  
Applicant # 2 Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date