



PREQUALIFICATION APPLICATION

Family Services of Greater Houston 4625 Lillian Street Houston, TX 77077

(713) 867-7774 Phone (713) 867-7730 Fax Email: loans@familyservices.org

Loan Amount Requested: Up to \$6000 to Purchase Vehicle

Applicant's Name: _____

Address: _____ **City:** _____ **Zip:** _____

Referral Source: _____ **County:** _____

Home Telephone #: _____ **Cell Phone:** _____

Date of Birth: _____ **Age:** _____

ALL OTHERS LIVING IN YOUR HOUSEHOLD (INCLUDING CHILDREN, SPOUSE, OTHER RELATIVES, FRIENDS, ETC.)

Name	Relationship	Age	School

Is there a claim, suit, or judgment against you? Yes No

Have you declared bankruptcy? Yes No If Yes, Was it discharged? Yes No

Current Employment Information

Employer: _____ **Occupation:** _____

Work Telephone: _____ **Pay Frequency:** _____ **Avg. Hrs. per week:** _____

Date Hired: _____ **Gross Monthly Income:** _____ **Net Monthly Income:** _____

Previous Employment Information

Employer: _____ **Occupation:** _____

Dates Employed: _____

Other Income

Food Stamps: \$ _____

Child Support: \$ _____

TANF: \$ _____

Housing Asst: \$ _____

Other Asst: \$ _____

Court Ordered: Yes No