



INQUIRY FORM

Date _____

Loan Request: Auto Purchase Auto Repair

Name (First, Last) _____

Address _____

City/State/Zip _____ County _____

Email _____ Gender Male Female

Home Telephone Number _____

Work Telephone Number _____

Other Phone Number (cell, message, etc) _____

How did you hear of this program? _____

Pre-eligibility Status:

Tarrant County Resident Yes No Unknown

Employed for 6 consecutive months Yes No Unknown

Occupation _____ Employer _____

Responsible for child/ren under age 18 Yes No Unknown

Applied for a car loan before? Yes No Unknown

When? _____

Have you been denied a car loan? Yes No Unknown

Do you have sufficient disposable income to repay the loan? Yes No

You are required to attend a WtW Financial Literacy Management Course.

What day/s of the week are best for you? _____

What time is best for you? Mornings Afternoons Evenings Anytime

***** FOR OFFICE *****

Method Phone In person

Appointment Date: _____ Time: _____

Date Application Sent _____

Application Return Date: _____