



Working Wheels Program Application

Welcome! This page contains information to help you understand the Working Wheels program guidelines and application process. Take time to read it carefully. If you have any questions, need assistance in preparing your application, or are ready to set up an appointment to bring in your application, please call us at 860-513-5000.

Completed applications can also be submitted via:

Email to: workingwheels@nutmegstatefcu.org

Mail to: Nutmeg State FCU
Working Wheels Program
PO Box 66
Rocky Hill, CT 06067

PROGRAM ELIGIBILITY

- Must have a minimum of 6 months employment and working a minimum of 30 hours per week.
- Must be 18 years of age or older & have a valid CT driver's license.
- Must have a minimum of 6 months at current address.
- Applicant must meet with Loan Consultant in-person to review / complete a personal budget and be able to afford the loan payments. Applicant must also not be preparing to file, or currently in bankruptcy.
- Applicants must open primary accounts with Nutmeg State have direct deposit (if offered by employer)
- Applicants looking to refinance a high interest loan must have at least 6 payments made on time with current lender.

Application: To apply for a loan, please complete the entire attached application and provide us with the following items in the checklist below. Additional documents may be requested.

APPLICATION CHECKLIST

- Establish membership with \$5 new account deposit
- \$50 Program application fee (refundable at loan closing). Applications will not be reviewed until program fee has been paid.
- Current driver's license copy
- Employment verification and last two pay stubs from each employer
- Most current statements from all bank accounts- last 3 months
- Personal statement within application is required
- Any bankruptcy discharge papers, if applicable
- If refinancing another high interest loan – Please provide
 - Copy of registration
 - Payoff Statement from current lender

Approvals: Applicants are notified via phone and in writing (mail or email) as to the guidelines of the loan approval and the steps to access your loan. Loan amounts approved will generally not exceed \$12,000.00 and full insurance coverage, including comprehensive and collision coverage with a maximum deductible of \$1,000 is required on all auto loans.

The following estimated, out of pocket expenses are due following loan approval:

A down payment on your vehicle may be required. Your financial coach will work with you to determine the amount.

\$250 Average DMV fees for taxes, title, and registration (Can be included in your loan)

\$260 Payment Reminder Device Fee (Can be included in your loan / returned once loan paid in full)

\$150 Car insurance (Possible down-payment if new insurance is required)

Collateral Guidelines: If approved for your loan the collateral must be purchased through a Working Wheels participating dealership. The list of dealers in our network will be provide to you upon your approval. Our partners are committed to ensuring that your new car is thoroughly inspected and fully operational. Additionally the car must be:

- No older than 10 years
- Mileage less than 100k
- No salvaged / Rebuilt
- No 8 Cylinder Engines
- No Luxury
- No large SUV / 4 Wheel Drive unless otherwise approved by Credit Union.

Denials: Denial notices will be mailed out within one week of the Loan Committee meeting. All denials may be appealed. Submit the appeal in writing and include any additional information to assist the Committee in making a decision. Appeal decisions are final.



Working Wheels Loan Application

(Please print)

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Marital Status: _____ Birth Date: _____

NSFCU Member Number (if a member) _____

US Citizen? Yes No

Do you have: Checking Savings Both

Home Phone: _____ Cell #: _____

Work Phone: _____ E-Mail address: _____

Social Security #: _____ -OR- ITIN # _____

Address History

Time at present address: _____ years _____ months Own Rent

Amt. of Rent/Mortgage _____

Previous Address if less than 2 years at current: _____

Length of time there: _____ Yrs. _____ Mo.

How much money can you place as a down payment for your car? _____

Current Employment

Employer: _____ Occupation: _____

Work address: _____

Work Phone: _____ Date Hired: _____

Gross Monthly Income: \$ _____ Are you Paid: Biweekly Weekly Monthly

Do you Receive Direct Deposit? Yes No

Length of Employment: _____ Years _____ Months Average Hours Per Week: _____

Additional Employment (second job)

Employer: _____ Occupation: _____

Work Address: _____

Work Phone: _____ Length of employment: _____

Gross Monthly Income: \$ _____ Are you Paid: Biweekly Weekly Monthly

Do you Receive Direct Deposit? Yes No

Length of Employment: _____ Years _____ Months Average Hours Per Week: _____

Please list here any additional sources of income not represented above (third jobs, social security, child support, etc):

Assistance Received

TANF \$ _____ Food Stamps: \$ _____ Housing: \$ _____ Child Care: \$ _____

Other: \$ _____ Total Monthly Assistance: \$ _____

Others Living With You (including children)

Name Relationship Age /Date of Birth

List all education and training programs you are attending:

School Name: _____ Phone # _____

Credits need to Graduate: _____ Number of Credits Completed: _____

Anticipated Graduation Date: _____ Date of Registration: _____

Transportation:

How do you currently get to work or school? _____

How far is it to work or school? _____ Are bus services available? _____

Do you transport children to daycare? _____ How far is it to daycare? _____

Do you currently own a vehicle? Yes No Year: _____ Make: _____

Model: _____ Mileage: _____ Repairs Needed: _____

Repair Estimate: _____

Co Applicant Information (optional)

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Marital Status: _____ Birth Date: _____

Is this your mailing address? Yes No

US Citizen? Yes No

Do you have: Checking Savings Both

Home Phone: _____ Cell #: _____

Work Phone: _____ E-Mail address: _____

Social Security #: _____ -OR- ITIN # _____

Current Employment

Employer: _____ Occupation: _____

Work address: _____

Work Phone: _____ Date Hired: _____

Gross Monthly Income: \$ _____ Are you Paid: Biweekly Weekly Monthly

Do you Receive Direct Deposit? Yes No

Length of Employment: _____ Years _____ Months Average Hours Per Week: _____

Additional Employment

Employer: _____ Occupation: _____

Address: _____

Work Phone: _____ Date Hired: _____

Gross Monthly Income: \$ _____ Are you Paid: Biweekly Weekly Monthly

Do you Receive Direct Deposit? Yes No

Length of Employment: _____ Years _____ Months Average Hours Per Week: _____

References (2):

1. First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Relationship to Applicant: _____ Birth Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail address: _____

2. First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Relationship to Applicant: _____ Birth Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail address: _____

Important – Applicant Must Read Before Signing

The auto loan that is made possible through the Working Wheels Program at Nutmeg State Financial Credit Union is my responsibility. 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 and loan approval. By signing this application you authorize the credit union to obtain credit reports for everyone listed on this application.

We may furnish information about your account to consumer reporting agencies. Late or missed payments or other defaults on your account(s) could be reflected on your credit report.

USA Patriot Act Disclosure

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. We will ask for your name, address, date of birth, and other information including valid identifying documents to identify you.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Notice to Co-Applicant

You are being asked to guarantee this debt. Think carefully before you sign. If the borrower doesn't pay the debt, you will be obligated to pay. You must make certain that you can afford to pay if you have to, and that you want to accept responsibility.

You may also have to pay late fees and 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 suing, garnishing your wages, etc. If this debt is ever in default, the 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-Applicant

Date

Internal Use Only

Application Received by:

Date:

In Person Meeting Date & Location:



Loan Budget Form
(Can be completed with Loan Consultant at a later date)

INCOME

Source	How Often Paid	Gross Income/Month	Net Income/Month (take home)
1)Wages			
2)Child Support			
3)Social Security/TANF Benefits			
4)Other			

Total Monthly Net Income: _____

EXPENSES (Estimate of what you spend per month)

Categories	Monthly Payments	Amount Past Due	Notes
Rent/Mortgage			
Utilities: Water			
Electric			
Heat (Gas, Oil, Wood)			
Cell Phone/Landline			
Cable TV/Satellite			
Internet			
Household: Laundry			
Clothing (including diapers)			
Cleaning supplies			
Home repair costs/household items			
Personal Care Items (shampoo/soap)			
Beauty Care(hair and nails)			
Entertainment: Activities/Sports			
Alcohol & Cigarettes			
Gifts (Christmas and Birthdays)			
Vacations/weekend travel			
Pets			
General Entertainment			
Food: Groceries			
Out to Eat Expenses			
Child Care			
Renter's/Homeowner's/Life Insurance			
Auto Insurance or estimate of amount			
Transportation (Gas, Taxi, Bus, Paying for rides)			
Medical-Premiums, prescriptions, co-pays and bills			
Debt: Credit Cards, Store Cards			
Payments on Collections/Judgments			
Student Loans/Tuition			
Child support Payments			
Church/Charities			
Total monthly expenses			

For Office Use Only:

Loan amount requested: _____ Projected WtW Car Payment: _____

Total Monthly Expenses including projected car payment: _____

Total Disposable Income: _____