



TMA BICYCLE LOAN PROGRAM

APPLICATION

APPLICANT

Full Name	First	Middle	Last	Birthdate	Social Security #
Home Address	Street Number	Street Name	City	Zip Code	How Long at Present Address
Previous Address	Street Number	Street Name	City	Zip Code	Home Phone #
Present Employer	Employer Name		Current Position		Work Phone #
	Employer Address		Average hours worked per week		Time with Present Employer
	Prior Employer		Employer Address		Position Held/Dates Employed

INCOME

Applicants Salary (Monthly Gross)	\$	Married applicants can apply for credit individually. I am: <input type="checkbox"/> married <input type="checkbox"/> unmarried (includes single, widowed, divorced) <input type="checkbox"/> separated
Other Income (Please Describe)	\$	

FINANCIAL INFORMATION

	Creditor	Amount Owed	Monthly Payment
Auto Loan			
Auto Loan			
Installment Loan			
Installment Loan			
Credit Card Loan			
Credit Card Loan			
Credit Card Loan			
Other Debt			
1.			
2.			
3.			
4.			
5.			
Monthly Rent or Mortgage Payment			



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REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It not will be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective borrower may be delayed or rejected.

Instructions:
Applicant - Complete items 1, 3 and 4 and forward directly to employer named in item 1.
Employer - Complete Part II and Part III and return directly to Lender named in item 2. This form is to be sent directly to the Lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of Employer)	2. From (Name and address of Lender) Santa Cruz Area TMA PO Box 8425 Santa Cruz CA 95061-8425
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I have applied for a bicycle loan and stated that I am now or was formally employed by you. My signature below authorizes verification of this information.

3. Name and Address of Applicant (Include employee or badge number)	4. Signature of Applicant
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Part II - Verification of Present Employment

5. Applicant's Date of Employment	6. Present Position	7. Probability of Continued Employment
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8A. Current Gross Pay Base (Enter Amount and Check Period) \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	9. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
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8B. Gross Earnings	10. If paid hourly, average hours per week
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Type	Year to Date	Past year 19	Past year 19	11. Date of applicant's next pay increase
Gross Pay				12. Projected amount of next pay increase
Overtime				
Commiss.				13. Date of applicant's last pay increase
Bonus				14. Amount of last pay increase
Total				

15A. Is there an assignment of wages or earnings withholding order currently in force for this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	15B. Remarks (If employee was off work for any length of time, please indicate time period and reason.)
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Part III - Authorized Signature

I certify this information to be true and correct. Federal statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy proposed to influence the issuance of any loan.

16. Signature of Employer	17. Title (Please print or type)	18. Date
19. Print or type name signed in item 16	20. Phone Number	

Santa Cruz Area TMA Bicycle Loan Program Application

TMA Bicycle Loan Program Loan Terms

1. I hereby apply for a loan of up to \$_____ to purchase a bicycle and bike-related accessories under the Santa Cruz Area TMA Bicycle Loan Program. I understand that I will be responsible for any amount of the purchase, which exceeds my loan limit, including tax. I understand that the items I may purchase under the program include but are not limited to: bicycle, safety items (helmet, headlight, leg bands, cycling gloves, and lights), locks (U-lock or Cobra Links), and commuting equipment (rear rack, panniers, fenders).
2. I understand that the purpose of the TMA's loan program is to make it possible for me to commute to work by bicycle on a regular basis. I also understand that the bicycle and accessories I purchase under the Santa Cruz Area TMA loan program are required to be for my own use.
3. I understand that I am applying for a loan from the Santa Cruz Area TMA through Coast Commercial Bank. I understand that if I am approved for the loan, I will be required to repay the loan principal to the TMA within twelve months of receiving the loan. The Santa Cruz Area TMA will pay any interest and loan fees associated with this loan.
4. I understand that loan payments will be deducted automatically from my paycheck through an assignment of wages during the repayment period. If I take an unpaid leave of absence during the loan repayment period, I understand that I will be required to pay the TMA all payments that would have deducted from my paycheck during my absence. I understand that if I revoke this assignment of wages for any reason that the remainder of the loan will be due in full at that time.
5. If my employment with _____ (employer) terminates for any reason before the loan is repaid in full, I understand that the remainder of the loan principal will be due at that time. I understand that I will have the option to have the balance due on the loan withheld from my final paycheck. I understand that I will be required to pay any remaining outstanding balance directly to Coast Commercial Bank within two weeks of my final day of employment.
6. I understand that safe operation and storage of this bicycle is a condition of this loan, and that coverage of the bicycle under a renter or homeowner insurance policy is strongly recommended.

Applicant's Statement

By filling out this form, I attest that all of the information I have given on this application is true and correct and I hereby agree to the above terms of the Santa Cruz Area TMA Bicycle Loan Program. I understand that you will confirm the information and retain the application whether or not my application is approved. You are also authorized to receive information on my credit.

Signature

Date



SANTA CRUZ AREA TMA
BICYCLE LOAN PROGRAM

PO BOX 8425
Santa Cruz CA 95061-8425