



Borrower Agreement

I understand that the members of **the loan committee and my loan coordinator have great confidence in my ability to become as successful borrower**. I agree that repaying my Ways to Work loan in accordance with the lender's requirements is the best way for me to show my appreciation to the members of the loan committee and my loan coordinator.

I agree to bring in a copy of my key as per the **"Key Agreement"** that I signed.

I understand and agree that my loan coordinator wants me to be a successful borrower. He or she will contact me on a regular basis to offer encouragement, help me identify potential payment obstacles, and help me identify possible payment solutions.

I agree to contact my loan coordinator if problems arise that I think might prevent me from making my complete monthly payment.

I understand that first payment missed puts me in a default status which could potentially result in repossession of collateral and possible legal action.

I agree to promptly return all telephone messages or respond to any letters that I receive from my loan coordinator. I understand that failure to do so make it appear that I might be trying to avoid my loan coordinator or paying my Ways to Work loan. **(330-454-7066 ext 318 or 344)**

I agree to cooperate in the collections of outcomes realizing that these are collected to determine the effectiveness of the loan I received.

I understand that additional budgeting and credit restoration assistance is available. I agree that it is my responsibility to contact my loan coordinator to obtain answers to my questions and/or obtain appropriate community resources. **(330-454-7066 ext 318)**

I agree to contact my loan coordinator if there is a change in my employment status, income, home address, home telephone number, and email address or pager number. (330-454-7066 ext 318 or 344)

I understand that if I don't pay my loan as originally agreed or via a revised payment plan that I am in default. The credit bureau will be notified and TRILLIUM Family Solutions. Ways To Work Program will be assigned my security agreement and collateral. A collection agency might try to collect monies from me, collateral may be repossessed, legal action might be pursued, associated fees will be charged to me and I am ineligible for another loan.

I understand that if I pay my loan in accordance with my lender's requirements, the credit bureau will be notified of positive payment record and this may help me qualify for credit with a conventional lender.

Borrower

Date

Co Borrower

Date

Ways to Work Staff

Date



“OUR COMMITMENT TO PROTECTING YOUR PRIVACY”

TRILLIUM Family Solutions has always been dedicated to meeting the needs of the individuals we serve. Our relationship with you is based on respect and trust. We believe that the privacy of your personal information is very important and cannot be compromised. With this guiding principle in mind, we have established standards to ensure that all personal information of our customers and former customers is secure and confidential. We are pleased to share with you our Privacy Policy for the collection, use, retention and security of information provided to us by customers. (*Federal Trade Commission Final Rule, 16 CFR Part 313 Privacy of Consumer Financial Information*)

- We collect 1.) The information we receive from you in your application and supporting documentation, such as your name, address, social security number, assets, employment and income; 2.) The information we receive from your experiences with us, and other service providers, such as your payment history, transaction parties, insurance policy coverage and premium amount, and 3.) The information we receive from consumer reporting agencies, such as your creditworthiness and credit history. We maintain strict physical, electronic and procedural safeguards that comply with federal regulations to protect all of this personal information. We restrict access to this information to only those persons who need to know it in order to provide you with products and services.
- TRILLIUM Family Solutions has determined thirty (30) days delinquency, on unresolved debts can result in default and legal action for remedy. Upon default, First Merit Bank will re-assign the note and all remedies to TRILLIUM Family Solutions. TRILLIUM Family Solutions does not seek remedy of debts based on the basis of religion, race, color, creed, sex, sexual orientation, national origin, age, lifestyle, physical or mental handicap or developmental disability. We share information regarding our customers and former customers with collection agencies and repossession firms, only in accordance with these strict security standards and confidentiality policies; and as permitted by applicable law.



Trillium Family Solutions
101 Cleveland Ave. NW Suite 300
Canton, Ohio 44702
330-454-7066 ext. 318

MECHANIC'S CHECKLIST

Date Purchaser's Name

Owner's Name

Please have a CERTIFIED & LICENSED mechanic check the items listed on the car you are considering for purchase.

You are required to choose a garage that is:

- Listed in the Yellow Pages
Independent of the vehicle seller

THIS COMPLETED FORM MUST BE RECEIVED BY TRILLIUM FAMILY SOLUTION - WAYS TO WORK LOAN PROGRAM AT LEAST 24 HOURS BEFORE LOAN CLOSING CAN BE SCHEDULED.

VEHICLE YEAR MAKE MODEL

MILEAGE

Vehicle Identification Number (VIN):

Name of mechanic

Signature Date

Name of Garage (please use official stamp)

Garage Address

City State ZIP

Telephone Number

Is your garage listed in the Yellow Pages? Yes No

Do you have any direct or indirect relationship with the seller of this vehicle? Yes No

If yes, please explain:



TRILLIUM Family Solutions
 101 Cleveland Ave. NW Suite 300
 Canton, Ohio 44702
 (330) 454-7066 ext. 318 Fax (330) 454-9427
 Robin L. Seemann

WTW # _____ FSI # _____

PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND TAKE IT TO YOUR CHILDCARE PROVIDER FOR COMPLETION.
 PLEASE FAX PRIOR TO OR BRING THIS COMPLETED FORM TO YOUR SCHEDULED APPLICATION INTERVIEW.

REQUEST FOR CHILD CARE VERIFICATION

PARENT:

PROVIDER:

Name : _____

Name : _____

Address : _____

Address : _____

Phone _____

Phone _____

Number : _____

Number : _____

My signature authorizes the release and verification of all information requested on this form.

 Parent's Signature

 Date

TO BE COMPLETED BY PROVIDER

Name(s) and age(s) of children for which child care is provided:

	Child(s) Name(s)	Child(s) Age(s)	Providers Initials
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Rates per:

Hours per:

Hour : \$ _____

Week : _____

Day : \$ _____

Month: _____

Week : \$ _____

Amount subsidized by County funds \$ _____ per month.

Parent pays \$ _____ per month.

Comments: _____

I verify that child care is provided for the children listed above and that all rates are accurate.

Completed By: _____ Title _____

Phone Number _____

Date _____



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WTW # _____ FSI # _____

PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND TAKE IT TO YOUR EMPLOYER FOR COMPLETION. PLEASE FAX PRIOR TO OR BRING THIS COMPLETED FORM TO OUR AGENCY FOR YOUR SCHEDULED APPLICATION INTERVIEW.

REQUEST FOR EMPLOYMENT VERIFICATION

Company _____
 Address _____ City _____ State _____ Zip _____

Phone Number _____ Social Security # _____

Name of Employee _____ Date Of Hire _____

My signature gives authorization to verify this information
 Signed _____ Date _____

STOP THIS SECTION IS TO BE COMPLETED BY YOUR EMPLOYER

GROSS EARNINGS

\$ _____ per hour # hours per: week _____ month _____
 \$ _____ salary per month
 \$ _____ commission, tips, bonus or other compensation per pay period (if variable, attach copies of pay check stub)

Overtime: rate of pay per hour \$ _____ Average hours per: week _____ pay period _____ month _____

DEDUCTIONS - per pay period

Health insurance \$ _____ Retirement \$ _____ Dental Insurance \$ _____

Credit Union \$ _____ Union dues \$ _____ Other \$ _____ (Explain)

Does employee receive vacation pay? _____ Yes _____ No

Does employee receive sick pay? _____ Yes _____ No

Does employee receive disability insurance? _____ Yes _____ No

Completed by _____ **Title** _____

Phone # _____ Date _____



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WTW# _____

FSI# _____

PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND TAKE IT TO YOUR LANDLORD FOR COMPLETION. PLEASE FAX TO OR BRING THIS COMPLETED FORM TO YOUR SCHEDULED APPLICATION INTERVIEW.
REQUEST FOR HOUSING VERIFICATION

Tenant _____ Phone # _____

Address _____

My signature authorizes verification of this information:

Signed _____

Date _____

THIS SECTION IS TO BE COMPLETED BY THE LANDLORD

Dwelling type (check one): _____ House _____ Apartment _____ Room W/Kitchen Privileges
 _____ Duplex _____ Room Only _____ Other (_____)

Date tenant moved in _____ Amount of damage deposit \$ _____

Monthly rent payment _____ Date Last Paid _____

Is rent in arrears? ___ Yes ___ No What exact amount is needed to clear the debt? _____

Is any portion of the rent subsidized? If Yes, Amount \$ _____ By: _____

To whom is the rent payable? _____

Which of the following are covered by rent payment? _____ Electricity _____ Gas
 _____ Heating Fuel _____ Cooking Fuel _____ Water/Sewer _____ Trash

Owner/Caretaker (Name, Address, Phone) _____

Is tenant related to owner/caretaker? _____ No _____ Yes (how?)

I realize that receipt of this form is not a guarantee for payment of debt. I certify that the information is true

COMPLETED BY

_____ Position

Signature _____

Date _____



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WtW# _____ FSI# _____

PLEASE COMPLETE THE TOP PORTION OF THIS FORM AND TAKE IT TO YOUR SCHOOL COUNSELOR FOR COMPLETION. PLEASE FAX PRIOR TO OR BRING THIS COMPLETED FORM TO YOUR SCHEDULED APPLICATION INTERVIEW

REQUEST FOR SCHOOL OR VOCATION VERIFICATION

Student's Name _____ Student ID# _____
 Name of School _____
 Address of School _____
 Phone Number of School _____

My signature authorizes verification
 Student's Signature _____
 Date _____

TO BE COMPLETED BY COUNSELOR

Student's date of enrollment _____
 Program or area of study _____

 Number of credit hours completed _____
 Number completed last semester _____
 Number of credits hours being taken this current Semester _____
 Approximate graduation date _____
 Authorized Signature _____ Title _____

Phone # _____ Date _____

If after review of this request there are any questions please call Robin Seemann at 330-454-7066