



Church of Jesus Christ of Latter-Day Saints

Holy Ground Lending Program

Holy Ground Lending Program Overview: The Holy Ground Collaborative has created an Emergency Lending Program for the express purpose of granting borrowers a Symbolic Shelter of Peace or refuge from the storms of life surrounding their current situations. Funds raised for the Holy Ground Lending Program come from donations solicited by member institutions. Loans of up to \$500.00 are provided at no interest cost to borrowers who reside in Aldermanic Wards 1, 2, 3, 4, 18, 22, 26, 27 and 28. One must have a source of income to participate. The loans are to be repaid in eighteen months or less. We hope that each loan will transform its borrower's situation into a successful outcome and that borrowers repay their loans in a timely fashion so others can benefit. As a side benefit, timely repayment may also help to improve the borrower's financial credit standing and help them to become banked.

Vision Statement: The Holy Ground Lending Program seeks to promote self-reliance, household stability, family financial integrity, and credit improvement through financial education, financial counseling, and small emergency loans to low income Saint Louis residents.

Mission Statement: The mission of the Holy Ground Lending Program is to provide low income Saint Louis residents with small emergency loans intended to help them reduce their reliance on payday and vehicle title loans for basic necessities without regard to their race, religion, age, gender, affectional orientation, or disability.

Holy Ground Collaborative Member Institutions: Central Reform Congregation (Reform Jewish Synagogue); First Unitarian Church; M-SLICE; (Metro Saint Louis Coalition for Inclusion and Equity); First Church of Christ, Scientist; Trinity Episcopal Church; Cornerstone Institutional Baptist Church; Second Presbyterian Church; and The Church of Jesus Christ of Latter-Day Saints.

Please contact **Nikki Wilson, 314-533-2411 ext 120 or Email nwilson@justinepetersen.org** **www.justinepetersen.org** for assistance with applying for a Holy Ground Lending emergency loan.

The Holy Ground Loan was intended to assist people in the CWE communities in Wards 1, 2, 3, 4, 18, 22, 26, 27 & 28 with financial assistance in emergency times and prevent people from going to predatory lenders .

Required Documents	Holy Ground Loan Fund
Photo ID	
Credit Report/Release	Justine Petersen Provided Form
Proof of last 30 days of Income	
Completed Budget Form with discretionary income	Justine Petersen Provided Form
3 months Bank Statements	
1 Year Taxes	
Voided Check	
Companion Name	Nikki Wilson
Prequalification Checklist	Yes

Client Must be able to pay back \$27.78 a month for 18 months minimum of one year to assist in building credit. Loan amount equaling to \$500.00. Loan has no interest fees, or additional charges

Holy Ground Lending Fast Track Approval Form

Client Name: _____

Counselor: ___Nikki Wilson _____

Approval Signature: _____

Nikki Wilson **Asset Building Counselor**

Justine Petersen

1023 N Grand Blvd

St.louis , Mo 63106

Cell 314-877-9888

(314) 533-2411 ext 120

(314)533-2488 fax

nwilson@justinepetersen.org

www.justinepetersen.org

Follow us on social media!



Holy Ground Lending – Client Prequalification Checklist

Note: Information provided in on this checklist will be kept **CONFIDENTIAL** and may be transferred to Holy Ground Lending's banking partner for further processing.

Name (Last, First)
Referring Congregation/Organization
Loan amount requested (Maximum of \$500.00)
Have you applied for or received another loan from Holy Ground Lending? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you receive regular weekly/monthly income? <input type="checkbox"/> No <input type="checkbox"/> Yes
Address
City, State, Zip Code
Mailing Address* (if different from above)
Phone Number
E-mail Address
Emergency Contact (name, relationship, phone number)

Purpose of Loan:

- ☐ Education (books, supplies, training, certification, licensure)
- ☐ Transportation (bus passes, car repairs, down payment for purchase)
- ☐ Housing (repairs, security deposit)
- ☐ Employment (uniforms, tools, child care)
- ☐ Unanticipated Expense (medical, legal)
- ☐ Other _____

X

Applicant Signature

Date

By signing this form, I agree to the following: (1) I am 18 years old or older. (2) I attest that the information I have provided on this checklist is accurate to the best of my knowledge; (3) I understand that completion of this prequalification checklist **does not** guarantee that I will receive a loan. (4) If my request is approved and I accept a loan from Holy Ground Lending, I intend to fully repay according to the terms of the agreement. (5) The only information retained by Holy Ground Lending is the client prequalification checklist for recordkeeping purposes. The checklist will not be shared with any other organization or be used for any other purpose.

Date: _____
Applicant's Name: _____
Home Address: _____
City, State: _____ ZIP _____
Social Security Number: _____
Date of Birth: _____
Driver's License Number: _____ State _____
E-Mail: _____
Cell Phone: _____
Home Phone: _____ Work Phone: _____
Referred By/From: _____

I give permission to Justine PETERSEN to obtain a copy of my credit report in order to work with me on improving my credit profile or to secure credit to build credit, purchase or improve a home, or capitalize a small business.

Notice of Furnishing Negative Information: I agree that Justine PETERSEN may make inquiries concerning your credit history and standing. If you are to receive a credit building, mortgage, or business loan through Justine PETERSEN and/or Great Rivers Community Capital we will report information concerning your performance under the loan agreement to the credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. If you believe we have reported inaccurate information about your credit account to a credit bureau, notify us in writing as soon as possible.

_____ My initials authorizes Justine PETERSEN to obtain soft TransUnion credit reports, effective today, for follow up, research and tracking purposes. I understand that these credit reports do not affect my credit score.

Applicant's Signature _____

Date _____

Amount Paid for Credit Report: _____ JPHRC staff member: _____

☐ Checked ID

☐ Red Flag was REFER, second form of ID collected

Conflict of Interest Disclosure Statement

This disclosure statement is provided by Justine PETERSEN to all clients seeking credit building, homeownership preparation and retention and microenterprise counseling services.

Complete list of services provided by Justine PETERSEN in addition to counseling:

- Credit Building Counseling and Products
- Financial Education Classes
- Pre-purchase Homebuyer Counseling and Training
- Mortgage Lending and Refinance
- Real Estate Brokerage
- Micro-enterprise Training and Lending
- Great Rivers Community Capital, a treasury certified Community Development Financial Institution offering community loans.

Description of any financial relationships between Justine PETERSEN and any other industry partners:

- Citi Foundation, grantee
- Bank of America, grantee
- US Bank, grantee
- PNC Bank, grantee (formerly National City)
- M&I Bank, grantee (formerly Southwest Bank)
- Banamex USA (a Citi company), JP processes secured credit card applications

You are under no obligation to receive, purchase or utilize these products or services offered by Justine PETERSEN, or its exclusive partners

Justine PETERSEN certifies that its staff and volunteers who will provide counseling have no conflict of interest due to any other relationships with servicers, real estate agencies, mortgage lenders and/ or other entities or industry partners (whether identified above or not) that may stand to benefit from particular counseling outcomes.

Client Name	Date
Client Name	Date
Justine PETERSEN Staff	Date

Authorization Form and Privacy Policy

- I understand that Justine PETERSEN provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
- I understand that Justine PETERSEN submits client-level information relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
- I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
- I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
- I acknowledge that I have received a copy of Justine PETERSEN's Privacy Policy.
- I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Client's signature _____

Date _____

Privacy Policy

Justine PETERSEN is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that

Name: _____

Date: _____

Monthly Expenses

Category	Estimated Monthly Expenses	Adjusted Expenses	Actual Expenditure
Fixed Expenses			
Rent/Mortgage			
2nd Mortgage/Home Equity Loan			
Lot Rent/Subdivision/Condo Fee			
Homeowner's/Renter's Insurance			
Savings			
Car Payment/Lease			
Second Car Payment/Lease			
Student Loans			
Alimony/Child Support			
Child Care			
Medical Insurance			
Life Insurance			
Cable Television			
Checking Account Fees			
Professional or Service Org. Dues			
Home Security System			
Secured Loans/Credit Card Payments 1			
Secured Loans/Credit Card Payments 2			
Total Fixed Expenses	\$0.00	\$0.00	\$0.00
Variable Expenses			
Electric			
Gas/Propane/Wood			
Local Telephone			
Long Distance			
Cellular Phone			
Garbage			
Water			
Sewer			
Groceries (Food only)			
Personal Hygiene Items			
Household/paper and cleaning products			
Tobacco/Alcohol			
Food at work			

Category	Estimated Monthly Expenses	Adjusted Expenses	Actual Expenditure
Gasoline			
Bus, Carpool, Parking			
Laundromat/Dry cleaning			
Barber/Beauty Shop/Nails			
Newspaper/Magazines			
School Lunches			
Children's Allowances/Spending Money			
recreation			
Dining Out			
Lessons (dance, music, etc.)/Sports Fee			
Pet Expenses			
Postage			
Church/Charity			
Total Variable Expenses	\$0.00	\$0.00	\$0.00
Periodic Expenses			
Car Repair/Maintenance			
Car Insurance			
Tuition/Books/Supplies			
Doctor/Dentist			
Medications/Prescriptions			
Eyeglasses/Contact lenses			
Clothing/Shoes			
Home Repair/Maintenance			
Appliance Repair/Maintenance			
Gifts (birthdays, holidays, etc.)			
Total Periodic Expenses	\$0.00	\$0.00	\$0.00
Income			
Wages/Tips			
Child Support/Alimony			
TANF/SSI/Social Security, etc.			
Total Net Income	\$0.00	\$0.00	\$0.00
Total Expenses			
Total Excess/Deficit			
Proposed monthly payment			

Automatic Payment Plan Authorization Request

Customer: _____

Current Address: _____

Telephone: _____

Account Held at: Justine Petersen

Date of Inception: _____

Authorization Respecting Preauthorized Debits Initiated By Justine Petersen

I hereby authorize Justine Petersen to initiate debit entries to my bank account listed below. I agree that the amount required to keep my loan current as disclosed in my promissory note(s), and amortization schedule(s) shall be debited. A debit will occur according to the criteria selected above. I understand that the process is done manually and will be processed as close as possible to the requested time, but is not guaranteed. This authority will remain in full force and effect until Justine Petersen Accounts Payable receives written notification from me of its termination and in such manner as to afford Justine Petersen Accounting a reasonable opportunity to act on it. I agree that this agreement may terminate if my account should lack sufficient funds for payment or should it be in other than good standing. **I understand that it is my responsibility to review my account for accuracy and to contact Justine Petersen with any changes, corrections immediately.**

I hereby authorize my bank to honor all debits initiated through Justine Petersen.

Name of Bank: _____

Account Type: Checking _____ Savings _____

Withdrawal Date: 1st _____; 5th _____; 15th _____

Amount \$ _____ Start date: _____

Bank Account #: _____

ABA Routing #: _____

Customer Signature: _____

Date: _____

Return this form with a voided check

Office use only

Merf# _____ Counselor _____

