CAPITAL Good Fund

ORGANIZATION REFERRAL

Immigration Loan Referral Form

Date: ____/_____/_____

We really want to get this process started with you! In order to avoid delays **please make sure this form is filled out completely**. This form can be emailed to Capital Good Fund at loans@capitalgoodfund.org or faxed to us at 866-254-0219. A digital version of this form can be completed at goodfund.us/iref. Please help the environment by printing this form only when necessary. A Good Fund representative will contact you or your client within 48 hours to discuss the referral. Immigration Loans range from $700 to $20,000. Thank you!

CLIENT

Client Name: _____
(First) (Last) (Middle Initial)

Client Contact Info: _____
(Phone) (Email)

I authorize my information to be sent to Capital Good Fund:

Client Signature: _____ Date: ____/____/____

NAME OF REFERRING ORGANIZATION / LAW OFFICE _____

Is this an organization or law office? _____

Case Worker/Attorney Name: _____
(First) (Last) (Middle Initial)

Case Worker/Attorney Contact Info: _____
(Phone) (Email)

I confirm that the client is eligible for:

1) Form N400 ☐	3) Form I485 ☐	5) Form I751 ☐
2) Form N600 ☐	4) Form I90 ☐	6) Other ☐

If other, please specify the form number: _____

Total Cost (Referring Organization/Law Office Fees + USCIS or Other Fees): $_____

Referring Organization/Law Office Fees: $_____

Make Check Out to: _____

Notes: _____

To speak to a Capital Good Fund loan officer and learn more about the application process, please call 866-584-3651. For more information about Capital Good Fund, please visit our website at www.capitalgoodfund.org.