



LOAN PROGRAM APPLICATION

Referred by: _____

For what purpose will this loan be used? Car Loan Car Repair

*** Optional information about alimony, child support or separate maintenance: This information and other information need not be revealed if you do not want it considered as a basis for repaying this obligation.*

Income from child support, alimony or maintenance payments \$ _____

How long received: _____ Years _____ Months

Name of payer _____ Address of payer _____

City _____ State _____ Zip _____

Applicant's Name (Please Print) _____ Date of Birth _____

SS# _____ Home Phone () _____ Cellular Phone () _____

Ethnicity _____ Gender _____

Pager Number _____ Address _____

City _____ State _____ Zip _____ County _____

Time at this address: ____ Years ____ Months

Own Home: Yes No Mortgage/Rent Amount \$ _____

Previous Address * _____ City _____ State _____ Zip _____

County _____ Time at this address: ____ Years ____ Months

Previous Address * _____ City _____ State _____ Zip _____

County _____ Time at this address: ____ Years ____ Months

Name of nearest relative or friend not living with you: (Please provide three if possible)

1.	_____	_____	_____
	Name	Relationship	Phone Number
	_____	_____	_____
	Address	Cellular Phone	Pager Number

2. _____
Name Relationship Phone Number

Address Cellular Phone Pager Number

3. _____
Name Relationship Phone Number

Address Cellular Phone Pager Number

Present Employer

Employer Name _____ Occupation _____

Employer's Address _____ Supervisor _____

Business Phone _____ Supervisors Phone _____ Extension _____

Average hours per week _____ Date Hire _____ Wage per hour \$ _____

Previous Employers

1. Name _____ Occupation _____

Address _____ Date Hired _____ to _____

Phone # _____

2. Name _____ Occupation _____

Address _____ Date Hired _____ to _____

Phone # _____

Do you pay any alimony, child support or maintenance? Yes** No \$ _____ per month

Are there any claims, suits or judgements against you? Yes** No

Are you a co-signer or guarantor for anyone? Yes ** No

** If you answered yes to any of the above section, please explain.

Others living with you (including children)

Name	Relationship	SS#	DOB/Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all education or training programs you are attending

School Name _____ Counselor _____
Phone # _____ Date of Registration _____
Anticipated Graduation Date _____ Number Credits Completed _____
Credits Needed to Graduate _____

If the loan is for transportation: How do you currently get to school or work? _____

How far is it to work or school? _____ Is the bus available? Yes No

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

Do you currently own a vehicle? _____ If yes, date purchased and purchase price _____

Your current vehicle: year, make, model, odometer, vin #, repairs needed and repair estimate: _____

CO-APPLICANT OR CO-SIGNER:

(Complete this section only if the co-signer will be contractually liable on the account, OR applicant is relying on co-applicant's income as a basis for repayment of account)

Applicant's Name (Please Print) _____ Date of Birth _____

Social Security Number _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

County _____ Time at this address: ___ Years ___ Months

Own Home: Yes No Mortgage/Rent Amount \$ _____

Previous address _____ City _____ State _____ Zip _____

County _____ Time at this address: ___ Years ___ Months

Present Employer (name and address) _____



REQUEST FOR EMPLOYMENT VERIFICATION

Company _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Social Security # _____

Name of Employee _____ Date of Hire _____

My signature authorizes verification of this information

Employee's Signature _____ Date _____

Dates of Employment Starting _____ Ending _____ Still Employed

EMPLOYER ONLY TO FILL OUT THE SECTION BELOW

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 paycheck 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 Number _____ Date _____



REQUEST FOR HOUSING VERIFICATION

This is a request for information on your tenant. This is **NOT** a rent guarantee, nor do we take any responsibility for damage or upkeep.

Tenant _____ Phone _____

Address _____

My signature authorizes verification of this information:

Tenant signature _____ Date _____

.....
LANDLORD ONLY..... Complete the rest of this form

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 _____

Period covered by last rent (dates): from _____ to _____

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 Trash
 Heating Fuel Cooking Fuel Water/Sewer

Owner/Caretaker (Name, Address, Phone) _____

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

I hereby certify that the information entered above is true and correct:

Owner/Caretaker Signature _____ Date _____



REQUEST FOR SCHOOL VERIFICATION

Student's Name _____

Name of School _____

School Address _____

My signature authorizes verification of this information:

Student's Signature _____ **Date** _____

Student's date of enrollment _____

Program or area of study _____

Approximate graduation date _____

Authorized Signature _____

Title _____ **Phone #** _____ **Date** _____