

CREDIT APPLICATION TO _____

All items on this Credit Application must be filled out completely and printed legibly.
 Failure to provide all requested information may result in delay or denial of credit approval.

APPLICANT						
LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE / /	AGE	SOCIAL SECURITY NUMBER	
HOME ADDRESS			APT.	HOW LONG? YRS MOS	DRIVERS LICENSE NO.	STATE
CITY	STATE	ZIP	HOME PHONE ()		WORK PHONE ()	
PREVIOUS ADDRESS			APT.	HOW LONG? YRS MOS	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE OF BIRTH
CITY	STATE	ZIP	DEPENDENTS	SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>		
EMPLOYER				HOW LONG? YRS MOS	OCCUPATION/POSITION	
ADDRESS				CITY	STATE	ZIP
PREVIOUS EMPLOYER				HOW LONG? YRS MOS	OCCUPATION/POSITION	
ADDRESS				CITY	STATE	ZIP

SPOUSE						
LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE / /	AGE	SOCIAL SECURITY NUMBER	
EMPLOYER			WORK PHONE ()	HOW LONG? YRS MOS	OCCUPATION/POSITION	

Applicant's monthly take home pay from employer	\$ _____	Is any of this income likely to be reduced or interrupted before the loan is paid off? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____
Spouse's monthly take home pay from employer	\$ _____	
Other Income (Source: _____) Monthly	\$ _____	
Total Net Monthly Income	\$ _____	

FINANCIAL INFORMATION						
BANK	BRANCH/ADDRESS			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	
SAVINGS AND LOAN	BRANCH/ADDRESS			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER	
CURRENT RESIDENCE <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> APT. <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OWN CLEAR <input type="checkbox"/> RENT FREE <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OTHER	LANDLORD OR MORTGAGE HOLDER			MONTHLY PMT/RENT \$	BALANCE OWING \$	
	ADDRESS			CITY	STATE	ZIP
VEHICLE(S)	YEAR	MAKE	MODEL	<input type="checkbox"/> FINANCED BY <input type="checkbox"/> LEASED FROM	MONTHLY PAYMENT \$	BALANCE OWING \$
1.					\$	\$
2.					\$	\$

LIST ALL OTHER CREDITORS (Credit Cards, Finance Companies, Credit Unions, Banks, Stores, etc.)			
TO WHOM OWED	ACCOUNT NUMBER, BRANCH or ADDRESS	MONTHLY PAYMENT	BALANCE OWING
		\$	\$
		\$	\$
		\$	\$
Is any debt past due? <input type="checkbox"/> YES <input type="checkbox"/> NO Are all debts listed? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you need more space, attach a separate sheet)			
Have you obtained credit under a different name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, show name(s): _____			
Have you ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? _____ When? _____			

REFERENCES						
PARENTS	NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
RELATIVE						()
FRIEND						()

I certify that the information provided herein is true and complete. You are authorized to check my credit and employment history and to provide information regarding your credit experience with me. Upon approval, I agree to be bound by the agreement for which this application is provided.

Signature of Applicant	Date	Signature of Spouse	Date
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