

SECTION D - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)		RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDR
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	POSITION OR TITLE	NAME OF SUPERVISOR		BUSINESS PHONE Ext.
PREVIOUS EMPLOYER (Company Name & Address)				
PRESENT GROSS SALARY OR COMMISSION \$ PER	PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	HOW LONG WITH PREVIOUS EMPLOYER?
<p>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</p> <p>Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding</p>				
OTHER INCOME \$ PER	SOURCES OF OTHER INCOME			
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				
Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		Checking Account No. Where?		Savings Account No. Where?
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
Are you a co-maker, endorser or Guarantor on any Loan or Contract? <input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?		to Whom?		
Are there any unsatisfied judgments against you? <input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$		If "Yes" To Whom		
Owed? Have you been declared bankrupt in the last 14 years? <input type="checkbox"/> No <input type="checkbox"/> Yes - Where?		Year?		
OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)				

SECTION E - ASSET INFORMATION

If Section D has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? YES/NO	NAMES OF OWNERS
CASH			
AUTOMOBILES (Make, Model, Year)			
1.....			
2.....			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$0.00		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

CREDITOR	DATE OF LOAN	ORIGINAL AMOUNT	PAYMENT SCHEDULE	BALANCE	SEC.	DLP	NEXT DUE
TOTAL DEBT		\$0.00	\$0.00	\$0.00			

CREDIT REFERENCES (Paid Off Accounts)	DATE PAID OFF

SECTION F - WORK SHEET DO NOT WRITE BELOW THIS LINE

CREDITOR Verification:

Creditor and Who Provided Information	Date Started	Original Bal.	Present Bal.	Payment	Mos. Left to Pay	Comments

Total net monthly income from all sources	\$ _____	REASON FOR TURN DOWN OR REPAYMENT TERMS
Less rent or mortgage payments, including taxes and insurance	\$ _____	
Less payments on all debts not being consolidated	\$ _____	
Less payment on this proposed loan	\$ _____	
Amount left for all living expenses	\$ _____	