

Co-Signor Loan Application

Co-Signing For					
Co-Signor Data	Last Name	First Name	Initial	Social Security No.	Date of Birth
Present Address	City	State	Zip	How Long?	Home Telephone No.
Previous Address (If Less Than 3 Years At Present Address)				No. of Dependents	Age of Dependents
Employer (Company Name & Address)	Working Now? <input type="radio"/> Yes <input type="radio"/> No	Position	How Long?	Monthly Salary	Telephone Number
Previous Employer (If Less Than 3 Years)	Years Employed	Address	Position	Telephone Number	
Nearest Relative (Not Living With You)	Nearest Relatives Address			Relatives Phone Number	
Other Income (Excluding Alimony, Child Support, & Separate Maint. Payments: \$				Source:	
IF YOU ARE RELYING ON THE INCOME OF YOUR SPOUSE OR ANOTHER PERSON AS A BASIS FOR REPAYMENT, COMPLETE THE FOLLOWING:					
Name	Employer			Years Employed	
Social Security Number	Date of Birth			Monthly Income	
CREDIT & FINANCIAL DATA	Checking Account Number:			Savings Account Number:	
	Where:	Balance:	Where	Balance:	
Do You <input type="radio"/> Rent <input type="radio"/> Own Your Home	Mortgage Holder/Landlord (Name & Address)			Original Amount	Balance
Monthly Payment					
DEBITS: Please list all debts owing. Include charge accounts, installment contracts, credit cards, and other obligations. (Use separate sheet if necessary.)					
Name Of Creditor	Account No.	Name In Which Account Is Carried		Balance	Monthly Payment
Are you obligated to make Alimony, Child Support, or Maintenance Payments? If yes, to whom: _____			Co-Signor <input type="radio"/> Yes <input type="radio"/> No	Co-Signor <input type="radio"/> Yes <input type="radio"/> No	
Are you a co-maker, endorser, or guarantor on any loan or contract? If yes, for whom: _____			Where: _____	Payment: _____	
Are there any unsatisfied judgements against you?			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Have you been declared bankrupt in the last 10 years? If yes, where: _____			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
I understand that I may purchase credit life and/or disability insurance on this loan. Any uninsured balance is payable upon death. <input type="radio"/> I do not want this coverage. <input type="radio"/> I do want this coverage					
Signature: _____			Signature: _____		
CREDIT VERIFICATION	I/we hereby consent to the necessary credit investigation in connection with this application and grant permission for this retention.				
	I/we warrant that all information contained in this application is true and complete.				
<input type="radio"/> Individual Account	<input type="radio"/> Joint Account	Initials: _____			
Co-Signer Signature				Co-Signer Signature	