

On this application we are using the words, you and your to mean the Applicant or Co-Applicant. The words, we/us or our refer to the service mark for the corporation to which you have applied for a loan.

Date _____
Time _____

<input type="checkbox"/> Individual Credit	Amt. Requested \$	Purpose of Loan	Source	Date	Time of Application	Call Back Time
<input type="checkbox"/> Joint Credit						
<input type="checkbox"/> Co-Maker						

Applicant **Please Tell Us About Yourself...** **Co-Applicant**

Last Name			First Name			Middle Initial		
Other Names Used for Credit								
Date of Birth			Social Security No.					
Phone			<input type="checkbox"/> Home			No. Dependents/Ages		
			<input type="checkbox"/> Nearby					
Marital Status. Complete for all but unsecured loans			<input type="checkbox"/> Married			Unmarried (includes single, divorced or widowed)		
			<input type="checkbox"/> Separated					

Where You Live

Home Address				Apt. No.					
City		State		Zip		Since Mo./Yr.			
Mail Address (if different)				City		State		Zip	
<input type="checkbox"/> Own		<input type="checkbox"/> Parents, Relatives		Monthly Mortgage or Rent Payment					
<input type="checkbox"/> Rent		<input type="checkbox"/> Other		\$					
Tax and Insurance Included?				If no, annual cost					
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$					
Mortgage <input type="checkbox"/> Fixed		<input type="checkbox"/> Balloon		Purchase Price		Down Payment			
		<input type="checkbox"/> Adjustable <input type="checkbox"/> Other		\$		\$			
Mortg. Holder/Landlord		Phone		Present Value		1st Mort. Bal.			
		()		\$		\$			
Previous Address (if at present address less than 3 years)						How long?			
Previous Mortgage Holder/Landlord						Phone			
						()			

About Your Employment

Employer's Name		Since Mo./Yr.	
Address		Phone	
		()	
Occupation		Pay Day	
Previous Employer (if at present job less than 3 years)		How Long	
Address		Phone	
		()	

About Your Income

Monthly Salary	Gross	Net
Other (Please specify)	\$	\$
Total Income (Please specify)	\$	\$
TOTAL INCOME BOTH APPLICANTS	Gross	Net
	\$	\$

(You need not disclose alimony, child support or separate maintenance income if you do not wish to have it considered as basis for repaying this obligation.)

Just a Little More (Applicant and Co-Applicant)

Auto Year	Make	Model (How Much Do You Owe?)
Auto Year	Make	Model (How Much Do You Owe?)
Bank	<input type="checkbox"/> Checking _____	
	<input type="checkbox"/> Savings _____	
INSURANCE		
	Yes	No
Life	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>

Keys

Mileage

VIN

List any liabilities on a separate page and attach. Mark "X" in box by any liability paid by this loan. We are relying on the accuracy and completeness of your list.

Assets

APP CO-APP

(✓Check One or Both Boxes)

DESCRIPTION

Cash or Market Value

<input type="checkbox"/>	<input type="checkbox"/>	Checking Acct. (Bank, Acct. No.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Savings Acct. (Bank, Acct. No.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Principal Residence	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other Real Estate (*Complete Information Below)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Automobiles	\$
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property (Household Goods, Sporting Goods, Tools, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Stocks & Bonds (Number, Company)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	\$

Total Assets → \$

*Real Estate Address (Not Primary Residence)

Type of Property	Purchase Price	Present Market Value	Amount of Liens and Mortgages	Gross Rental Income	Mortgage Payments	Taxes, Ins. Maint. and Misc.	Net Rental Income
	\$	\$	\$	\$	\$	\$	\$

Mortgage Holder Name and Address

LIST 3 LOCAL CLOSE RELATIVES OR FRIENDS THAT DO NOT LIVE WITH YOU
DO NOT LIST EMPLOYERS OR EMPLOYEES

NEAREST RELATIVE	PHONE
COMPLETE ADDRESS	RELATIONSHIP
FRIEND OR RELATIVE	PHONE
COMPLETE ADDRESS	RELATIONSHIP
FRIEND OR RELATIVE	PHONE
COMPLETE ADDRESS	RELATIONSHIP
DRIVERS LICENSE #	STATE EXPIRES

READ CAREFULLY

I CERTIFY THAT THE INFORMATION CONTAINED ON BOTH SIDES OF THIS APPLICATION IS CORRECT AND AUTHORIZE ACTION LOAN COMPANY TO VERIFY ANY INFORMATION THROUGH ANY SOURCE INCLUDING USE OF A CREDIT REPORT.

SIGNED _____ DATE _____

INSURANCE AGENT'S NAME: _____

PHONE NUMBER: _____