1. SUBMIT PAYSTUB WITH APPLICATION

2. FILL IN ALL INFORMATION, INCLUDING REFERENCES.

APPLICANT'S STATEMENT

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

Home		20				\$	
		Creditor				\$	Amt. Owing
Auto		Address					Mo. Payment
Auto		Creditor					Amt. Owing
011		Address		i)			Mo. Payment
Other		Creditor					Amt. Owing
		Address	3				Mo. Payment
. 8		Creditor					Amt. Owing
5.		Address				_ \$	Mo. Payment
		Creditor				_ \$	Amt. Owing
		Address				_\$	Mo. Payment
Employed by		, iddi ooo	Add	dress	i		wo. r dymone
Years Employed		Position					
Clock or Payroll No).	Salary					Bus. Phone
		\$		per.			
Date of Birth		No. Depend (exclude s	lents elf)	()		Home Phone
Alimony, child supp	ort or so	eparate main	tenan as a b	ce in asis	come i	nee ayii	ed not be revealed
Additional Income							Source
\$ per _							
Auto(s) Owned							·
Make	Year		Мо	del	***************************************		License No.
Own Residence	\$	F	Rent R	esid	ence _		_\$
References	Mark	et Value					Monthly Rental
Name					Add	res	S
Name				28	Add	res	s
Name					Add	res	S
Other Pertinent Infe	ormatio	on					

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CO-MAKER'S STATEMENT

NAME OF CO-MAKER	=								
ADDRESS	· · · · · · · · · · · · · · · · · · ·			•					
SOCIAL SECURITY NO).								
I AM INDEBTED TO SUCH AS DOCTO MORTGAGES, ETO	R BILLS, IN	ISTALLMEN	NTS.	, LOA	NS.	, REAL ESTATE			
Home					\$.				
	Creditor			******	_\$.	Amt. Owing			
Auto	Addre	SS			_\$.	Mo. Payment			
	Creditor					Amt. Owing			
Other	Addre	Address				Mo. Payment			
	Credit	or			Amt. Owing				
	Addre	SS				Mo. Payment			
	Credit	Creditor				Amt. Owing			
	Addre	Address				Mo. Payment			
	Credit	Creditor				Amt. Owing			
	Addre	SS			_\$.	Mo. Payment			
Employed by		Ado	iress	3					
Years Employed	Po	Position							
Clock or Payroll No.	Sa	Salary				Bus. Phone			
	\$	S	per.						
Date of Birth	No. D (exc	ependents lude self)	()	*8	Home Phone			
Alimony, child suppo if you do not wish to									
Additional Income						Source			
\$ per _									
Auto(s) Owned									
Make	Year	Mod	del	W 20 2		License No.			
Own Residence	_\$	Rent R	esid	ence .		.\$			
н	Market Valu	e				Monthly Rental			
References									
Name		Address							
Name		Address							
Name	1	9-88		Add	res	S			
I certify that the abo	ve statemen	ts are true a	ınd c	compl	ete.				
(DATE)	(8	(SIGNATURE OF CO-MAKER)							