

Applicant	5. Employment Information		Joint Applicant or Other Party
1st Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	1st Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:		1st Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:
2nd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	2nd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:		2nd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:
3rd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	3rd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:		3rd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:
Applicant	6. Other Income		Joint Applicant or Other Party
Alimony, child support, or separate maintenance income <u>need not</u> be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding	Alimony, child support, or separate maintenance income <u>need not</u> be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding		Alimony, child support, or separate maintenance income <u>need not</u> be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding
Other Income: \$ _____ per Month Source: _____	Other Income: \$ _____ per Month Source: _____		Other Income: \$ _____ per Month Source: _____
Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No	Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No		Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No
Applicant	7. Other Obligations		Joint Applicant or Other Party
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ For whom: To whom:	Are you a co-maker, endorser, co-signer, surety, or guarantor on any loan, contract or other obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ For whom: To whom:	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	Are there any unsatisfied judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: Year:	Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: Year:	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	Are you obligated to make Alimony, Support or Maintenance Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	
8. Property Information (if secured)			
Property Type <input type="checkbox"/> Boat or Vessel <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Deposit Account <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> _____	Property Description <input type="checkbox"/> Residential Dwelling <input type="checkbox"/> Homestead Property	Property Location and Address _____	
Primary Use of Property <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Property Owner(s) Names & Addresses _____		