

## CREDIT APPLICATION

### TYPE OF CREDIT REQUESTED

IMPORTANT: Check the appropriate boxes below and complete the application sections.

- INDIVIDUAL CREDIT - relying solely on my income or assets.  
 INDIVIDUAL CREDIT - relying solely on my income or assets from other sources.  
 JOINT CREDIT

AMOUNT REQUESTED \$ _____ (\$20,000 MAX)	FOR HOW LONG (60 MO. MAX.)	REPAYMENT <input checked="" type="checkbox"/> INTEREST MONTHLY, PRINCIPAL AT MATURITY	PROCEEDS OF LOAN FOR: <b>ADOPTION</b>	SECURED OR UNSECURED <b>UNSECURED</b>
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### SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS Street _____		City _____	State _____	Zip Code _____	Do you own <input type="checkbox"/> rent <input type="checkbox"/> If rent, monthly amount is \$ _____
EMPLOYER (Company Name & Address)				HOW LONG EMPLOYED _____	
BUSINESS PHONE Ext. _____		POSITION OR TITLE _____	SALARY PER MONTH GROSS: \$ _____ NET: \$ _____		
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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$ _____	
Is any income listed in this section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) _____			Has applicant ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes (When?) _____		
BETHANY CHRISTIAN SERVICES CASEWORKER		BETHANY OFFICE ADDRESS (Street, City, State, & Zip)			

### SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

NAME (Last, First, Middle)					
BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		
RELATIONSHIP TO APPLICANT (If Any)		ADDRESS Street _____	City _____	State _____	Zip Code _____
EMPLOYER (Company Name & Address)				HOW LONG EMPLOYED _____	
BUSINESS PHONE Ext. _____		POSITION OR TITLE _____	SALARY PER MONTH GROSS: \$ _____ NET: \$ _____		
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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$ _____	
Is any income listed in this section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) _____			Has joint applicant ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes (When?) _____		

### SECTION C - OTHER INFORMATION

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):			
Are you obligated to make Alimony, Support or Maintenance Payments		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, to (Name & Address) _____		Amt. per month \$ _____	
Are you a co-maker, endorser or guarantor on any loan or contract?		<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, for whom? _____ To whom? _____
Are there any unsatisfied judgments against you?		<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, to whom owed? _____ Amount \$ _____
Have you been declared bankrupt in the last 10 years?		<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, where? _____ Year? _____

**SIGNATURES** I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature

Date

Other Signature (Where Applicable)

Date