

Please scan to [I wul qrf wo kj B { cj qqleqo](#) or fax to 724/7: 7/3588

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="radio"/> Individual Credit <input type="radio"/> Joint Credit <input type="radio"/> Co-Maker	Amt. Requested \$	Purpose of Loan	Source	Date	Time of Application	Call Back Time
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Applicant Please Tell Us About Yourself..... Co-Applicant

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

Applicant Where You Live Co-Applicant

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

Applicant About Your Employment Co-Applicant

Employers Name	Since Mo. /Yr	Employers Name	Since Mo. /Yr
Address	Phone ()	Address	Phone ()
Occupation	Pay Day	Occupation	Pay Day
Previous Employer (If at present address less than 3 years)	How long?	<input type="checkbox"/> Previous Employer (If at present address less than 3 years)	How long?
Address	Phone ()	Address	Phone ()

Applicant About Your Income Co-Applicant

Monthly Salary	Gross	Net	Monthly Salary	Gross	Net
Other (Please Specify)	\$	\$	Other (Please Specify)	\$	\$
Total Income (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?)	Insurance	Yes	No
Auto Year	Make	Model (How Much Do You Owe?)	Life	<input type="checkbox"/>	<input type="checkbox"/>
Bank	<input type="checkbox"/> Checking		Home	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Savings		Auto	<input type="checkbox"/>	<input type="checkbox"/>
Keys			Mileage		
VIN					

Please scan to GusGoldsmith@yahoo.com or fax to 502-585-1366

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			Cash or Market Value
APP	CO-APP	DESCRIPTION	
<small>(✓ Check One or Both Boxes)</small>			
<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 Rental Mortgages \$	Gross Mortgage Income \$	Maint. Payments \$	Taxes, Ins. Rental and Misc. \$	Net Income \$

**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 LISCENSE #	STATE	EXPIRES
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READ CAREFULLY

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

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT SIGNATURE _____ DATE _____

INSURANCE AGENT'S NAME: _____

PHONE NUMBER: _____

