



Alternative Financing Program
 525 West Capitol Avenue, Little Rock, Arkansas 72201
 Ph. (501) 296-1663 Fax (501) 682-3431

Loan Application

Application Taken by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Face to Face TYPE OF LOAN REQUESTED IMPORTANT: Check (✓) the appropriate boxes below and complete the application sections. <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL LOAN - relying solely on my income or assets <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL LOAN - relying on my income or assets as well <input type="checkbox"/> JOINT CREDIT as income from other sources	PURPOSE OF LOAN: AMOUNT REQUESTED: \$ _____	DESCRIPTION OF PRODUCT/ EQUIPMENT <input type="checkbox"/> Home Modifications <input type="checkbox"/> Modified Vehicle <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Other
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SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)			MAIDEN NAME	E-MAIL ADDRESS		
BIRTHDATE	TELEPHONE NO. () ()	CELL NO. () ()	SOCIAL SECURITY NO. - -	NO. DEPENDENTS	AGES	
STREET ADDRESS			CITY	STATE	ZIP CODE	COUNTY
PREVIOUS ADDRESS (Street, City, State & Zip) (if less than 3 years at present address)			COUNTY		HOW LONG YR MO	
EMPLOYER (Company Name & Address)						HOW LONG YR MO
BUSINESS PHONE () ()	Ext.	POSITION OR TITLE		SALARY PER MONTH GROSS \$ NET \$		
PREVIOUS EMPLOYER (Company Name & Address)						HOW LONG YR MO
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 loan.)			SOURCE OF OTHER INCOME		AMOUNT PER MONTH	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP		PHONE NO. (include Area Code)	

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)			MAIDEN NAME	E-MAIL ADDRESS		
BIRTHDATE	TELEPHONE NO. () ()	CELL NO. () ()	SOCIAL SECURITY NO. - -	RELATIONSHIP TO APPLICANT		
STREET ADDRESS			CITY	STATE	ZIP CODE	COUNTY
EMPLOYER (Company Name & Address)						HOW LONG YR MO
BUSINESS PHONE () ()	Ext.	POSITION OR TITLE		SALARY PER MONTH GROSS \$ NET \$		

SECTION C - ASSET & DEBT INFORMATION

DESCRIPTION OF ASSETS	FINANCIAL INSTITUTION	VALUE
CHECKING ACCOUNT(S)		\$
SAVINGS ACCOUNT(S)		\$
CERTIFICATE OF DEPOSIT/OTHER		\$
STOCKS, BONDS, MUTUAL FUNDS		\$

DO YOU HAVE A PREPAID DEBIT CARD FOR BANKING? No Yes

RENT <input type="checkbox"/>	MORT/RENT	VALUE	LANDLORD OR MORTGAGE HOLDER	BALANCE	PAYMENT
OWN <input type="checkbox"/>	\$	\$		\$	\$

DESCRIPTION OF DEBTS

AUTOMOBILES/CREDIT CARDS/OTHER DEBT	ACCOUNT NUMBER	BALANCE	PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$

SECTION D - 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		Amount Per Month \$
Are you a co-maker, endorser, or guarantor on any loan or contract? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you previously received a loan from us? <input type="checkbox"/> No <input type="checkbox"/> Yes When?
Are there any unsatisfied judgements against you? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you been declared bankrupt in the last 3 years or less? <input type="checkbox"/> No <input type="checkbox"/> Yes When?
Do you have any outstanding medical bills that could be considered in collection status or bad debt? <input type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION E - SECURED CREDIT - Complete only if credit is to be secured. Briefly describe the property to be given as security

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

SIGNATURES-I certify that everything I have stated in this application and on any attachments is true and correct to the best of my knowledge. 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 conditions change. I/we have been informed that any fees paid to cover the cost of application processing will not be refunded.

Applicant Signature

Date

Joint Applicant Signature (Where Applicable)

Date