

CO-BUYER APPLICATION FOR The Recording Arts Center

NAME OF APPLICANT

All items on this Credit Application must be filled out completely and printed legibly.
Failure to provide all requested information may result in delay or denial of credit approval.

APPLICANT

LAST NAME		FIRST NAME		MIDDLE NAME	BIRTHDATE / /	AGE	SOCIAL SECURITY NUMBER	
HOME ADDRESS				APT.	HOW LONG? YRS MOS	DRIVERS LICENSE NO.		STATE
CITY			STATE	ZIP	HOME PHONE ()		WORK PHONE ()	
PREVIOUS ADDRESS				APT.	HOW LONG? YRS MOS	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF BIRTH
CITY			STATE	ZIP	DEPENDENTS		SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	
EMPLOYER					HOW LONG? YRS MOS	OCCUPATION/POSITION		
ADDRESS					CITY		STATE	ZIP
PREVIOUS EMPLOYER					HOW LONG? YRS MOS	OCCUPATION/POSITION		
ADDRESS					CITY		STATE	ZIP

SPOUSE

LAST NAME		FIRST NAME		MIDDLE NAME	BIRTHDATE / /	AGE	SOCIAL SECURITY NUMBER	
EMPLOYER				WORK PHONE ()	HOW LONG? YRS MOS	OCCUPATION/POSITION		

INCOME

Applicant's monthly take home pay from employer	\$ _____	Is any of this income likely to be reduced or interrupted before the loan is paid off? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____
Spouse's monthly take home pay from employer	\$ _____	
Other Income (Source: _____) Monthly	\$ _____	
Total Net Monthly Income	\$ _____	

FINANCIAL INFORMATION

BANK	BRANCH/ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER
SAVINGS AND LOAN	BRANCH/ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT NUMBER
CURRENT RESIDENCE <input type="checkbox"/> HOUSE <input type="checkbox"/> CONDO <input type="checkbox"/> APT. <input type="checkbox"/> BUYING <input type="checkbox"/> RENTING <input type="checkbox"/> OWN CLEAR <input type="checkbox"/> RENT FREE <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OTHER	LANDLORD OR MORTGAGE HOLDER	MONTHLY PMT/RENT \$	BALANCE OWING \$
	ADDRESS	CITY	STATE ZIP
YEAR MAKE MODEL <input type="checkbox"/> FINANCED BY <input type="checkbox"/> LEASED FROM	MONTHLY PAYMENT	BALANCE OWING	
1. VEHICLE(S)			
2.	\$	\$	

LIST ALL OTHER CREDITORS (Credit Cards, Finance Companies, Credit Unions, Banks, Stores, etc.)

TO WHOM OWED	ACCOUNT NUMBER, BRANCH or ADDRESS	MONTHLY PAYMENT	BALANCE OWING
		\$	\$
		\$	\$

Is any debt past due? YES NO Are all debts listed? YES NO (If you need more space, attach a separate sheet)

REFERENCES

NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE
PARENTS					()
RELATIVE					()
FRIEND					()

NOTICE TO CO-BUYER: You are being asked to guarantee this debt. Think carefully before you do. If the borrower does not pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs. This debt can be collected from you without first trying to collect from the borrower. The same collection methods used against the borrower can be used against you. If this debt is ever in default, that fact may become part of your credit record. This notice is not the contract that makes you liable for the debt.

I certify that the information provided herein is true and complete. You are authorized to check my credit and employment history and to provide information regarding your credit experience with me. Upon approval, I agree to be bound by the agreement for which this application is provided.

Signature of Co-Buyer _____ Date _____ Signature of Co-Buyer Spouse _____ Date _____