



LOAN APPLICATION WORKSHEET

APPLICANT INFORMATION

Name:		DL #/State:	
Date of birth:	SSN:		
Current Street Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Own Rent Other (circle one)	Monthly payment or rent:	How long?	
Previous address if above is less than 2 years:			
City:	State:	ZIP Code:	
Owned Rented Other (circle one)	Monthly payment or rent:	How long?	

EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Circle one)	Pay rate: \$_____ per hr mo yr (circle one)	
Previous employer (if less than one year):			
Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Circle one)	Pay rate: \$_____ per hr month	
Amounts currently held in: _____ Checking _____ Savings _____ Investment _____ Other			
Name of a relative not residing with you:			relationship:
Address:			Phone:
City:	State:	ZIP Code:	

CO-BORROWER INFORMATION, IF APPLICABLE

Name:		DL #/State:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Own Rent Other (circle one)	Monthly payment or rent:	How long?	
Previous address if above is less than 2 years:			
City:	State:	ZIP Code:	
Own Rent Other	Monthly payment or rent:	How long?	

EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Circle one)	Pay rate: \$_____ per hr/ mo/yr (circle one)	
Previous employer (if less than one year):			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary	Pay rate: \$_____ per hr/ mo/	



LOAN APPLICATION WORKSHEET

REFERENCE # 1

Name:		
Current address:		
City:	State:	ZIP Code:
Phone #	Relation to you:	

REFERENCE # 2

Name:		
Current address:		
City:	State:	ZIP Code:
Phone #	Relation to you:	

LOAN INFORMATION

Have you ever defaulted on a student loan?	Yes		No		
How long would you like the payments to run?	2yrs	3yrs	5yrs	10 yrs	15yrs
Would you like to defer the payments?	3 months		6 months		12 months

OTHER ASSETS OR SOURCES OF INCOME (ALIMONY/CHILD SUPPORT ETC.)

Description:	Amount per month or value
Description:	Amount per month or value
Comments:	

SIGNATURE

Signature:	Date:
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****ALL ITEMS IN BOLD ARE REQUIRED FIELDS****

After completion all fields, click on Print icon and then when choosing printer put SAVE AS PDF , and attached to the email: Team@godominicanlife.com