



Application

(800) 942-9027 | www.creditadvisors.org

NAME: _____ SSN#: _____ DEPENDANT(S)#: _____

NAME: _____ SSN#: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

CELL OR OTHER PHONE: _____ E-MAIL ADDRESS: _____ FAX: _____

EMPLOYER: _____ WORK PHONE: _____ EXT: _____

TAKE-HOME PAY: _____ PAY DAY/FREQUENCY: _____ TOTAL: _____

TAKE-HOME PAY: _____ PAY DAY/FREQUENCY: _____ TOTAL: _____

OTHER INCOMES: _____ + _____ + _____ TOTAL: _____

HOW DID YOU HEAR ABOUT US? _____ WHAT MADE YOU CALL? _____

List below monthly living expenses:

Rent	\$ _____	Monthly Income Total:	\$ _____
Lot Rent	\$ _____	Expense Total:	\$ _____
Electricity	\$ _____	Remainder Total:	\$ _____
Water	\$ _____		
Heat	\$ _____		
Telephone	\$ _____		
Cable	\$ _____		
Other	\$ _____		
Groceries	\$ _____		
Transportation Cost <i>(Gas, Oil, Tokens/Tolls)</i>	\$ _____ + \$ _____ + \$ _____		
Miscellaneous <i>(Alimony, Child support, Baby-sitters, etc.)</i>	\$ _____ + \$ _____ + \$ _____		
Monthly Ins. Cost <i>(Health, Car, Life)</i>	\$ _____ + \$ _____ + \$ _____		
Other	\$ _____		

Comments: _____

FINANCIAL STATEMENT

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CREDITOR'S NAME	IS THERE SECURITY OR COSIGNER ON ACCOUNT	BALANCE OWED	PAYMENT AMOUNT	ACCOUNT NUMBER	CURRENT INTEREST RATE	HOW FAR PAST DUE	CREDITOR'S ADDRESS
1. Mortgage							
2. Automobile 1							
3. Automobile 2							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
TOTAL							

Signed _____

Signed _____

This is a complete list of my/our creditors and I/we do not have other debts or judgements, nor am I/we insolvent or bankrupt, nor do I/we have pending wage assignments or repossessions.