



# Credit Application

**IMPORTANT:** PLEASE TYPE OR PRINT INFORMATION CLEARLY AND GIVE DETAILS ON REVERSE SIDE. THE MORE COMPLETE THE APPLICATION, THE EASIER IT IS FOR US TO PROCESS

APPLICANT			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
DATE OF BIRTH	SOCIAL SECURITY NO.	HOME PHONE	
STREET ADDRESS		DATE MOVED IN MO:      YR:	
CITY	STATE	ZIP	
<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED	
DEPENDENTS		NO.	AGES
<input type="checkbox"/> OWN / BUY	<input type="checkbox"/> PARENTS	<input type="checkbox"/> PAYMENT	<input type="checkbox"/> PAYMENT MADE TO:
<input type="checkbox"/> RENT	<input type="checkbox"/> OTHER	\$ _____	
ADDRESS		CITY	STATE      ZIP
PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 4 YEARS)		DATE MOVED IN MO:      YR:	
EMPLOYER		TYPE OF BUSINESS	
YOUR POSITION / TITLE			
EMPLOYER'S ADDRESS		BUSINESS PHONE #	
DATE STARTED MO:      YR:	GROSS MONTHLY INCOME \$ _____	OTHER TOTAL INCOME* \$ _____	TOTAL INCOME = \$ _____
PREVIOUS EMPLOYER (IF EMPLOYED IN CURRENT POSITION IN LESS THAN 2 YEARS)		DATE STARTED MO:      YR:	
PREVIOUS EMPLOYER'S ADDRESS			
HAVE I HAD ANY JUDGEMENTS AGAINST ME?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
HAVE I EVER FILED BANKRUPTCY?		<input type="checkbox"/> NO <input type="checkbox"/> YES      AM I CONSIDERING BANKRUPTCY NOW? <input type="checkbox"/> NO <input type="checkbox"/> YES	
DO I OWE ANY BACK TAXES?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
WILL ANY INCOME BE REDUCED DURING LOAN TERM?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
(IF YES TO ANY OF THE QUESTIONS, PLEASE GIVE DETAILS ON REVERSE)			

I was referred to your company by: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Loan Purpose (Describe Briefly) \_\_\_\_\_

Type of Loan:

Residential

Commercial

Farm & Ranch

Recreational

Construction

\*OTHER INCOME - INCLUDE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE ONLY IF I WISH TO HAVE IT RELIED UPON FOR THIS APPLICATION.

Give Name and Address of Creditors

SHORT-TERM ASSETS	MARKET VALUE	SHORT-TERM LIABILITIES	BALANCE OWED	MO. PAYMENT
#1 CASH ON HAND AND IN BANKS		#1 CREDIT CARD	\$ _____	\$ _____
<input type="checkbox"/> CHECKING      BANK NAME      ADDRESS      ACCT. NO.		_____		
<input type="checkbox"/> SAVINGS      BANK NAME      ADDRESS      ACCT. NO.		CREDIT CARD	\$ _____	\$ _____
#2 AUTO (YR., MAKE, MODEL)	\$ _____	#2 AUTO LOAN	\$ _____	\$ _____
#3 AUTO (YR., MAKE, MODEL)	\$ _____	#3 AUTO LOAN	\$ _____	\$ _____
#4 STOCKS AND BONDS (DETAILS ON REVERSE)	\$ _____	#4 PERSONAL LOAN	\$ _____	\$ _____
#5 IRA, PENSIONS, OTHER LIQUID ACCTS.	\$ _____	#5 PERSONAL LOAN	\$ _____	\$ _____
#6 LIFE INSURANCE FACE VALUE	(NOT FACE VALUE)	#6 OTHER DEBT		
\$ _____      CASH VALUE \$ _____			\$ _____	\$ _____
#7 OTHER ASSETS AND PERSONAL PROPERTY (DETAILS ON REVERSE)	\$ _____	#7 OTHER DEBT (PLEASE GIVE DETAILS ON REVERSE)	\$ _____	\$ _____
#8 <b>TOTAL SHORT-TERM ASSETS</b> (ADD LINE #1 THRU LINE #7)	\$ _____	#8 <b>TOTAL SHORT-TERM LIABILITIES</b> (ADD LINE #1 THRU LINE #7)	\$ _____	↓ ↓

Give Name and Address of Creditors

LONG-TERM ASSETS	MARKET VALUE	LONG-TERM LIABILITIES	BALANCE OWED	MO. PAYMENT
#9 RESIDENCE - VALUE**      (GIVE ADDRESS)	\$ _____	#9 MORTGAGE OR LIENS ON RESIDENCE	\$ _____	\$ _____
#10 OTHER REAL ESTATE (TYPE OF PROPERTY AND ADDRESS) (PLEASE GIVE DETAILS ON REVERSE IF NECESSARY)	\$ _____	#10 MORTGAGE OR LIENS ON OTHER REAL ESTATE (PLEASE GIVE DETAILS ON REVERSE)	\$ _____	\$ _____
#11 LARGER EQUIPMENT, TRUCKS, MACHINERY OTHER ASSETS (DESCRIBE ON REVERSE IF NECESSARY)	\$ _____	#11 EQUIPMENT, TRUCK, MACHINERY LIENS	\$ _____	\$ _____
#12 OTHER ASSETS (DESCRIBE)	\$ _____	#12 ALL OTHER INDEBTEDNESS INCLUDING CHARGE CARDS NOT LISTED ABOVE AND BACK TAXES (PLEASE GIVE DETAILS ON REVERSE)	\$ _____	\$ _____
#13 OTHER ASSETS (DESCRIBE)	\$ _____	#13 CO-SIGNER, GUARANTOR OR ENDORSER	\$ _____	\$ _____
#14 OTHER ASSETS (DESCRIBE)	\$ _____	#14 AMOUNT I PAY FOR ALIMONY OR CHILD SUPPORT	\$ _____	\$ _____
<b>TOTAL LONG-TERM ASSETS</b> (ADD LINE #9 THRU LINE #14)      \$ _____	<b>MY TOTAL ASSETS</b> (ADD LINES #8 & #14)      \$ _____	<b>TOTAL LONG-TERM LIABIL.</b> (ADD LINES #9 THRU LINE #14)      \$ _____	<b>MY TOTAL LIABIL.</b> (ADD LINES #8 & #14)      \$ _____	↓ ↓

**REMIT TO:** Alpha Lending  
PO Box 140177, Boise, ID 83714-0177  
ph: 208.854.1122  
fax: 208.854.1132

AS OF \_\_\_\_\_ MY TOTAL MONTHLY PAYMENTS ARE (ADD LINES 1-7 AND 9-14)      \$ \_\_\_\_\_

AS OF \_\_\_\_\_ I ESTIMATE MY NET WORTH AS (TOTAL ASSETS - TOTAL LIABIL.)      \$ \_\_\_\_\_

**CO-APPLICANT OR SPOUSE**

COMPETE AS APPLICABLE: 1) FOR CO-APPLICANT IF APPLYING FOR JOINT CREDIT; 2) FOR SPOUSE, IF MARRIED AND RESIDING IN OR SECURITY LOCATED IN A COMMUNITY PROPERTY STATE; 3) FOR SPOUSE OR FORMER SPOUSE, IF RELYING ON ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS. (# 2 AND # 3 NOT OBLIGATED ON LOAN)

FIRST NAME	MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NO	RELATIONSHIP	DATE OF BIRTH
EMPLOYER	OCCUPATION	DATE STARTED
EMPLOYER'S ADDRESS	BUSINESS PHONE:	
GROSS MONTHLY INCOME*	OTHER INCOME	TOTAL INCOME
\$ _____	+	\$ _____ = \$ _____
PREVIOUS EMPLOYER (IF EMPLOYED IN CURRENT POSITION LESS THAN 2 YEARS)		

**OTHER ASSETS**

Description	Market Value

**OTHER REAL ESTATE**

Type of Property	Market Value	Amount Owed	MTG PMT	Interest Rate	Rental Income

**OTHER LIABILITIES**

Description	Creditor	Amount Owed	Monthly Payment

**Do Not Fill in Below (Office Use Only)**

Advisory Board	Approval / Comments
President: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Comments: _____
Vice President: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Comments: _____
Member #1: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Comments: _____
Member #2: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Comments: _____
Member #3: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Comments: _____
Other: <input type="checkbox"/> Approval <input type="checkbox"/> Denial	Comments: _____

**Applicant and Co-Applicant Statement** I give you permission to investigate my credit record and to check any statements I've made. I authorize any person or consumer reporting agency to complete and furnish you any information it may have or obtain in response to your credit or employment inquiries. If I'm signing this Application as Co-Applicant, I understand that I will be equally responsible with the Applicant for any debt incurred on this account.

This credit application is correct to the best of my knowledge and may be relied on by you. You may make appropriate inquiries regarding me and, as lawful, my spouse and provide your credit experience to others. I will advise you of any materially adverse change in my financial condition. You may provide information about me or my account to others for marketing purposes and offer me future financial services.

Date Signed \_\_\_\_\_, 20\_\_\_\_\_

(Sign Here) \_\_\_\_\_  
Applicant

(Sign Here) \_\_\_\_\_  
Co-Applicant

**This Application was Taken by:**

- Mail
- Face to Face Interview
- by Telephone