

This Section for School Use Only				Loan Request Information	
Central Community College (633)		Contact: Mike Hall		ph: (402) 461-2550	fax: (402) 460-2189
Requested Term of Loan 60 Months	Interest Rate (typically 19%) 19%	Length of Class Months	Tuition Amount \$	Other Charges \$	Explanation of other charges
Monthly Payment \$		Class Start Date	Cash Down Payment \$	Loan Amount \$	Other Loans in connection with this transaction \$

CREDIT APPLICATION

APPLICANT INFORMATION					
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	First Name	Middle	Last Name	Birth Date	Social Security Number
Spouses Information: First Name			Middle	Last Name	Birth Date
				Social Security Number	Do you live with your parents?
Present Address (Street and Number) # of Dependents			City	State/Province	Zip/Postal
					Years Months
Home Phone Number ()	e-mail Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Pmt (rent or mortgage) \$	Mortgage Balance \$
					Property Type <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home
Drivers License Number	State/Province of Issuance		Expiration Date	Are you a United States Citizen?	Has your license ever been revoked: If yes, please explain.

EMPLOYMENT INFORMATION					
Employer Name	Position/Title	Work Phone Number ()	Since Month	Year	Gross Income \$ per month

OTHER MONTHLY INCOME		
You do not need to include alimony, child support, or separate maintenance if you do not wish to have it relied on to establish your credit worthiness.	Amount of income \$	Source

SPOUSE EMPLOYMENT INFORMATION					
Employer Name	Position	Employer Phone Number ()	Since Month	Year	Gross Income \$ per month

CREDIT INFORMATION					
<input type="checkbox"/> Checking Account Balance \$	Major Credit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes date filed	Are you delinquent on any debts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please explain	Are there any Judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Savings Account Balance \$					

CO-APPLICANT INFORMATION** (must be related to applicant)				Relationship to Applicant:	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	First Name	Middle	Last Name	Birth Date	Social Security Number
Present Address (Street and Number) # of Dependents			City	State/Province	Zip/Postal
					Years Months
Home Phone Number ()	e-mail Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Pmt (rent or mortgage) \$	Mortgage Balance \$
					Property Type <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home
Drivers License Number	State/Province of Issuance		Expiration Date	Are you a United States Citizen?	Has your license ever been revoked: If yes, please explain.

CO-APPLICANT EMPLOYMENT INFORMATION**					
Employer Name	Position	Employer Phone Number ()	Since Month	Year	Net Income \$ per month

** You will provide information about your present or former, non-applicant spouse, in the Co-applicant section, only if (a) you are married and open the account in a community property State (complete present, non-applicant spouse), or (b) you choose to rely on alimony, child support, or separate maintenance payments to establish your creditworthiness (complete for you present or former, non-applicant spouse, as applicable). Community property states are AZ, CA, ID, LA, NV, NM, TX, WA, and WI.

PERSONAL REFERENCES IN ORDER TO FINANCE YOUR EDUCATION, YOU MUST PROVIDE ACCURATE INFORMATION. DO NOT LIST CHILDREN WHO ARE CURRENTLY LIVING WITH YOU. A VALID PHONE NUMBER AND ADDRESS FOR EACH OF YOUR REFERENCES IS NECESSARY.

Name	Address	City	State/Province	Zip/Postal Code	Phone Number
Your Father					() -
Your Mother					() -
Your Brother/Sister					() -
Personal					() -
Personal					() -

FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER

You agree that your Application will be submitted to PARAMOUNT CAPITAL GROUP, INC., and/or its affiliate, subsidiary or successor in interest ("PCG"), for PCG's consideration as to whether you meet its requirement.

You represent that all of the information you provided to us in your Application is true and correct to the best of your knowledge, and may be relied upon by us. You authorize the School and its Representative, Agent or Assignee to make whatever inquiries it deems necessary in connection with this application and in the course of review or collection of any credit extended in reliance on this application. You further authorize any person or Consumer Reporting agency to complete and furnish to the School and its Representative, Agent or Assignee any information that it may have or obtain in response to such inquiries, and agree that such information, along with this application shall remain the property of Schools and its Representatives, Agents or Assignees, whether or not credit is extended. A photocopy of this form is to be treated as an original. **In the event that any the above information proves to be false or incomplete this application will be denied.**

Applicants Signature _____ Social Security Number _____ - _____ - _____ Date _____

Print Applicants Name _____

Co-Applicants Signature _____ Social Security Number _____ - _____ - _____ Date _____

Print Co-Applicants Name _____