

This Section for School Use Only

Loan Request

Information

School Name: _____ Type of Class: _____

Phone Number: _____ Fax Number: _____ Contact: _____

| | | | | | | |
|--|----------------------------------|----------------------------------|---------------------------|-------------------------|---------------------|--|
| Program Requested No Fee Balanced Max Advance <input type="checkbox"/> Low Interest Rate | Requested Term of Loan Months | Interest Rate (typically 18%) | 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 \$ |

**AMERICAN UNIVERSITY OF HEALING ARTS
CREDIT APPLICATION**

Please neatly print all of the items on this credit application, failure to do so may affect your eligibility.

APPLICANT INFORMATION

| | | | | | | | | |
|--|----------------|-------------------------------|--------------------------|--------------------------------------|------------------------------|---|---|---|
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced | First Name | Middle | Last Name | | Birth Date | Social Security Number | | |
| Spouse's Information: First Name | | | | Middle | Last Name | | Birth Date | Social Security Number |
| Present Address (Street and Number) | | | | Years | Months | # of Dependents | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Do you live with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City | State/Province | Zip/Postal | Home Phone Number () | Monthly Pmt (rent or mortgage) \$ | | Mortgage Balance \$ | Original Mortgage \$ | |
| Drivers License Number | | State/Province of Issuance | Expiration Date | Are you a U. S. Citizen? | | Has your license ever been revoked: If yes, please explain. | | |
| Previous Address | | | City | State/Province | Zip/Postal | Years | Months | |
| Mortgage Company/Landlords Name and Address | | | Date of Purchase | Current Estimated Value \$ | Purchase Price of Home \$ | Property Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home | | |

EMPLOYMENT INFORMATION

| | | | | | | |
|--|----------|------------------------------|---|------|--------------------|-----------|
| Employer Name | Position | Employer Phone Number () | Since Month | Year | Gross Income \$ | per month |
| Employer Address, City, State/Province and Zip/Postal Code | | Supervisors Name | How long do you expect to remain at this job? | | | |

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 |
| Employer Address, City, State/Province and Zip/Postal Code | | Supervisors Name | If unemployed, do you have any present income? Explain. | |

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 in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there any Judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Savings Account Balance \$ _____ | Total Assets (excluding real estate) \$ | | Are you delinquent on any debts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. |
| Automobile Owned Year Make Model | | Do you have any loans outstanding? (Other than mtgs.) Balance \$ | |
| | | <input type="checkbox"/> Financed <input type="checkbox"/> Paid Off <input type="checkbox"/> Leased Financed/Leased by: Balance \$ | |

**CO-APPLICANT INFORMATION **
(MUST BE RELATED TO APPLICANT)**

Relationship to Applicant:

| | | | | | |
|--|----------------|----------------------------|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced | First Name | Middle | Last Name | Birth Date | Social Security Number |
| Spouse's Information: First Name | | Middle | Last Name | Birth Date | Social Security Number |
| Present Address (Street and Number) | | | Years / Months | # of Dependants | <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Do you live with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| City | State/Province | Zip/Postal | Home Phone Number () | Monthly Pmt (rent or mortgage) \$ | Mortgage Balance \$ |
| Drivers License Number | | State/Province of Issuance | Expiration Date | Are you a U. S. Citizen? | Has your license ever been revoked: If yes, please explain. |
| Previous Address Zip/Postal | | City | State/Province | Years | Months / |
| Mortgage Company/Landlords Name and Address | | Date of Purchase | Current Estimated Value \$ | Purchase Price of Home \$ | Property Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured Home |

CO-APPLICANT EMPLOYMENT INFORMATION **

| | | | | |
|--|----------|------------------------------|---------------------|------------------------------|
| Employer Name | Position | Employer Phone Number () | Since Month Year | Gross Income \$ per month |
| Employer Address, City, State/Province and Zip/Postal Code | | | Supervisors Name | |

** 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-application spouse), or (b) you choose to rely on alimony, child support, or separate maintenance payments to establish your credit worthiness (complete for your 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. REFERENCES MUST LIVE IN THE U.S.A. OR CANADA.

| NAME | ADDRESS | CITY | STATE/ PROVINCE | ZIP/POSTAL CODE | PHONE NUMBER |
|--------------------------|---------|------|--------------------|-----------------|--------------|
| YOUR FATHER | | | | | |
| YOUR MOTHER | | | | | |
| SPOUSE FATHER | | | | | |
| SPOUSE MOTHER | | | | | |
| YOUR BROTHER/SISTER | | | | | |
| YOUR BROTHER/SISTER | | | | | |
| SPOUSES BROTHER/SISTER | | | | | |
| SPOUSES BROTHER/SISTER | | | | | |
| CHILD NOT LIVING AT HOME | | | | | |
| YOUR GRANDPARENTS | | | | | |
| SPOUSES GRANDPARENTS | | | | | |

FAIR CREDIT REPORTING ACT NOTICE TO CONSUMER

YOU AGREE THAT YOUR APPLICATION WILL BE SUBMITTED TO AMERICAN UNIVERSITY AND/OR ITS AFFILIATE, SUBSIDIARY OR SUCCESSOR IN INTEREST , FOR CONSIDERATION AS TO WHETHER YOU MEET ITS REQUIREMENT.

You represent that all of the information you provided to us in your Application consisting of three pages 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 the 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 of 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 _____