**WHAT YOU NEED**

Do you within 30 minutes of this office?

* Two valid forms of Identification

(State or Federal ID and one other)

* Income Verification (Most recent pay stub or bank statement showing deposits)
* Proof of Physical Residence, *No P.O Boxes* (Current utility bill or mail matching address given)
* Proof of Social Security number (Taxes or other official paperwork with social security number)

*The more information you provide the higher your chances are for approval.*

*We regret that due to Federal Law we are unable to make loans to members of the Armed Forces serving on Active duty or their Dependents. We support and are grateful for the service and sacrifice of all of all service members.*

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| **loan Application** |
| **hOW DID YOU HEAR ABOUT US?**  |
| **AMOUNT REQUESTED:**  | **PURPOSE FOR LOAN:**  |

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| **PERSONAL Information** |
| ***Are you a member or dependent of a member of the armed services?*** |
| **Last Name:**  | **First Name:** | **Middle Name:** |
| **SSN:**  | **DL:**  | **Exp. Date:**  | **State:**  |
| **Date of Birth:**  | **Place of Birth:**  |  |
| **Cell Phone:** | **Is this your personal phone?**  |  |
| **Alt Phone:** |  |
| **Email Address:** |
| **Current address:** |
| **City:** | **State:** | **ZIP Code:** |
|  | **How long at current address?** |
| **Landlord Name:** | **Landlord Phone:** |
| **Previous address:** |
| **City:** | **State:** | **ZIP Code:** |
|  | **How long at pervious address?** |

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| **Spouse information** |
| **Last Name:** | **First Name:** | **MI:** |
| **SSN:**  | **DL:**  | **Exp. Date:**  | **State:**  |
| **Date of Birth:**  | **Place of Birth:**  |  |
| **Phone:** | **Alt Phone:** |
| **Current address (*If different)*:** |
| **City:** | **State:** | **ZIP Code:** |
|  | **How long at current address?** |
| **Employer:** | **Phone:** | **Income:** |

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| **Do you have other loans** |
| **Loan 1:** | **Loan 3:** |
| **Loan 2:** | **Loan 4:** |

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| *wHEN IS THE BEST TIME TO CALL YOU?* |
| *BETWEEN WHAT HOURS DO YOU USUALLY WORK?* |

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| **Have you filed bankruptcy in the past 7 years?** | **State:** | **Date:** |
| **Do you plan on filing Bankruptcy in the next 30 Days?** |
| ***Reason and type of bankruptcy?*** |

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| **Previous employment information** |
| **Employer:** |  | **Date of Hire:** | **Time at Job:** |
| **Department:** | **Phone:** |
| **Employer Address:** |

Customer Initials\_\_\_\_\_\_

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| **current Employment Information** |
| **Current employer:** |  | **Date of Hire:** |
| **How long have you worked at your current Job?** |
| **Department:** | **Position:** | **Pay Day(s)** |
| **Phone:** | **Fax:** | **E-mail:** |
| **Supervisor:** | **Phone:** |
| **Employer Address:** |
| **City** | **State:** | **Zip Code:** |
| **Pay Cycle:** |  | **Income Per Pay Period:** |

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| **References *(will be verified)***  |
| **Reference 1: *Nearest Relative*** | **Relationship:** |
| **Address:** | **Phone:** |
| **City:** | **State:** | **ZIP Code:** |
| **Reference 2:** | **Relationship:** |
| **Address:** | **Phone:** |
| **City:** | **State:** | **ZIP Code:** |
| **Reference 3:** | **Relationship:** |
| **Address:** | **Phone:** |
| **City:** | **State:** | **ZIP Code:** |
| **Reference 4:** | **Relationship:** |
| **Address:** | **Phone:** |
| **City:** | **State:** | **ZIP Code:** |
| **Reference 5:** | **Relationship:** |
| **Address:** | **Phone:** |
| **City:** | **State:** | **ZIP Code:** |

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| **MAP** | **PERSONAL BUDGET** |
| *Please draw a map from the closest landmark/business or major intersection to where you live.* | **Income** |  |
| **Expenses** *Housing*  |  |
| *Utilities* |  |
| *Phone* |  |
| *Auto* |  |
| *Insurance* |  |
| *Loans* |  |
| *Groceries* |  |
| *Other* |  |
| ***Total*** |  |

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| **READ CAREFULLY BEFORE SIGNING**I certify that the information supplied by me is true and correct. I authorize verification of the truthfulness of all information contained herein, including verification of income and banking information. I expressly authorize contact with any person or company identified above to verify any of the above information or to leave a message for me. Any false statements made by me shall be sufficient basis for rejection. The Federal Equal Opportunity Act requires that all creditors make credit equally available to all credit worthy customers without regard to race, sex or marital status. I acknowledge that this application and any supporting documentation provided with it is the property of Freedom Advance INC. |
| **Signature** | **Date** |

**AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT**

I authorize Freedom Advance INC to obtain a consumer credit report on me. Freedom Advance will use the consumer credit report to confirm my address and determine whether my income is eligible to support a loan. Upon request, Freedom Advance will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand credit inquiries have the potential to impact my credit score.

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| **Print Name:** |  |  |  |
| **Social Security:** |  |  |  |
| **Signature:** |  | **Date:** |  |