

**Parent Hotline K-12 Loan Application**

**FAX BACK TO: 435-635-9203**

Admissions Consultant	Program	Length of Program	Date
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**Section A: Borrower Section Please complete all information in this section Do you authorize our lenders to check your credit?**

Loan amount requested:		Drivers License Number	
Full Name: Last First Mi/Jr/Sr.		Social Security Number	
Date of Birth (mm/dd/yyyy)			
Street Address Apt# Rural Route		Own	Rent
Live w/parents			
City	State	Zip Code	How long @ Current Address
Home Phone			
If less than 3 yrs at current address, please provide previous address			State Zip Code
Mortgage Holder Name	Monthly Mortgage/Rent Amount	Approximate Balance	Approximate Home Value
Work Phone			
Mortgage Holder Phone			
Employer Name		Position/Title	How Long
Other Source of Income (YR)			
Employer Address State Zip		Gross Salary (yearly)	Explain:
Previous Employer, if less than 3 years at current employer, please provide name and address			State Zip Code
Reference Name: (Do not use co-borrower)	Reference's Permanent Address	References phone	Relationship
Reference Name: (Do not use co-borrower)	Reference's Permanent Address	References phone	Relationship

**Section B: Co-Borrower Section Please complete all information in this section**

Full Name: Last First Mi/Jr/Sr.		Social Security Number	
Date of Birth (mm/dd/yyyy)			
Street Address Apt# Rural Route		Own	Rent
Live w/parents			
City	State	Zip Code	How long @ Current Address
Home Phone			
Mortgage Holder Name	Monthly Mortgage/Rent Amount	Approximate Balance	Approximate Home Value
Work Phone			
Mortgage Holder Phone			
Employer Name		Position/Title	How Long
Other Source of Income (YR)			
Employer Address State Zip		Gross Salary (yearly)	Explain:
Previous Employer, if less than 3 years at current employer, please provide name and address			State Zip Code
Reference Name: (Do not use co-borrower)	Reference's Permanent Address	References phone	Relationship
Reference Name: (Do not use co-borrower)	Reference's Permanent Address	References phone	Relationship

**STUDENT INFORMATION**

Full Name: Last First Mi/Jr/Sr.		Social Security Number	
Date of Birth (mm/dd/yyyy)			

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