

CASH SOURCE LOAN APPLICATION

Applicant Information				
Name:	Social Security Number:	Birthdate:	ID/Drivers License Number:	
Physical Address:	City	State	Zip Code	How long at current address?
Mailing Address (if different from above):				
Cell Phone	Home Phone	Email Address:		
Source of Income-Applicant				
Employer Name:	Supervisor	Paid (circle one)		Dates paid on
Hire Date	Gross Monthly Income	Weekly	Every 2 Weeks	On:
Work Number	How are you paid? Direct Deposit or Check?	Monthly	Twice Monthly	On:
Additional Source of Income				
Employer Name:	Supervisor	Paid (circle one)		Dates paid on
Hire Date	Gross Monthly Income	Weekly	Every 2 Weeks	On:
Work Number	How are you paid? Direct Deposit or Check?	Monthly	Twice Monthly	On:
Bank Account Information				
Branch Name:		Account Number		
Personal References				
Name	Address, City, State, Zip	Phone	Relationship	
Name	Address, City, State, Zip	Phone	Relationship	
Name	Address, City, State, Zip	Phone	Relationship	

Please read before signing:

At the time you repay this loan, you should have sufficient funds to meet your other financial obligations. If you cannot pay other bills because you are paying off this debit, you should enter the installment plan offered in connection with this loan (WAC 208-630-560(3)).

I certify to the best of my knowledge that all of the information stated above is true. I acknowledge that all of the information given above can be used to collect any loan given to me by Cash Source. I agree that photocopies and/or fax copies of the documents I signed are as valid and enforceable as the originals.

Applicant's Signature(s)

Date

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COVERED BORROWER IDENTIFICATION STATEMENT

Federal Law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to **check and sign** one of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

X _____ Date _____

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

X _____ Date _____

OR

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or depend of such a member).

X _____ Date _____

Warning: It is important to fill out this form accurately. Knowing making a false statement on a credit application is a crime.