

(Please Print Clearly)

CREDIT APPLICATION		Program No			
Purpose	of loan	Amount requested	% Rate 0/0	Months	
APPLYING FOR CREDIT		□ INDIVIDUAL	☐ JOINT		
APPLICANT		CO-APPLICANT			
iver's License	Issue Date	— Driver's License	Issue I	Date	
ver s License	Expiration			tion	
ocial Security Number Date	of Birth	Social Security Number	Date of Birth		
Home Phone Number Cell	Phone Number	Home Phone Number	Cell Phone Number		
()	()	()		
First Name Middle	Last Name	First Name	Middle Last Nam	e	
treet Address		Street Address			
ity State	Zip Code	City	State Zip Code	9	
onthly Mortgage Payment Home Value \$	Time at Residence Yrs. Mos.	Present Employer	City/S	itate	
ortgage Company	Own Rent	Occupation	Work Phone Number ()		
revious Residence (if above is less than two years)	Time at Residence Yrs. Mos.	Gross Monthly Salary \$	Lengt Yrs.	h of Employment Mos.	
resent Employer	City/State		or seperate maintenance income need n eve it considered as a basis for repayinf t		
Occupation Wor	k Phone Number)	Other Income / Source	Month \$	nly Amount	
ross Monthly Salary	Length of Employment Yrs. Mos.				
revious Employer	City / State	PERS	PERSONAL REFERENCES (Not Living With You)		
hone Number	Length of Employment Yrs. Mos.	Name	(Not Elving than You)		
Alimony child support or seperate maintena		Relationship	Phone Number		
Other Incomes / Source	Monthly Amount S	Name			
Has applicant declared Bankruptcy? Yes No	Date Filed	Relationship	Phone Number		
Credit References		Name	,		
Email Address		Relationship	Phone Number		
Signing this application you promise all nether or not to extend credit to you. You ler and/or assignee to release informatio reless phone. REDIT REPORT NOTICE:	u authorize a full investigation n about credit experience with	and release of your credit record and them. You consent to receiving autodi	your employment history. You alled message calls from us or ou	also authorize t Ir agents on you	
oplication for credit, extend	•		• •	•	
count. On your request we	-		_		
ldress of the credit reporti	-	-			
aler:		Applicant Signa	iture:		
ler Rep:			Date:		
ne Rep:		Co-Applicant Si	gnature:		
ALKA 4-LIFE, LLC.		• •	Date:		

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