

Area Code/Telephone Relationship to Applicant

Washington State Student Achievement Council

Aerospace Loan Program 2013-14 COSIGNER LOAN APPLICATION

Aerospace Applicant's Name:	Relationship to Applicant: Cosigner cannot be spouse.
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COSIGNER'S INFORMATION Form must be complete - do not leave blanks. This document must be completed by the Cosigner. 1. Last Name First Name 2. Social Security Number 3. Permanent Address 4. Phone Number (City State Zip Code 5. E-Mail address 6. Driver's License Number 7. Date of Birth (mo/day/year) **8.** Are you a U.S. Citizen? Yes No If no, must have one of these VISA types and be eligible to work in the United States: ☐ *I-551C* VISA number: **9. Have you ever filed Bankruptcy?** \(\subseteq \text{No} \subseteq \text{Yes} \) (If less than 7 years – not eligible to cosign) Date of discharge: Cosigner's gross monthly wage income: Income Source 10. List all borrower (and spouse) monthly income sources: Cosigner's spouse gross monthly wage income: (do not include unemployment benefits as income) Income Source Other (i.e. Income from investments) Mortgage(s) Payment Credit Card monthly payments(s) 11. List monthly debt payments: Car and other loan Debt Payments Contacts: Provide two contacts with addresses different from your own and different from each other that will always know your current address. The first contact should be a relative- but not a spouse. Contact One: Contact Two: Name Permanent Address City, State, Zip Code

CONSUMER CREDIT REPORT RELEASE FORM PLEASE READ CAREFULLY

BY MY SIGNATURE BELOW I AUTHORIZE the <u>Washington Student Achievement Council</u> to obtain a Consumer Credit Report on my credit. This authorization is valid for purposes of verifying information given pursuant to authorization of the Aerospace Loan Program loan or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Cosigner Signature	Printed Name	Date