



Washington State Student Achievement Council
Aerospace Loan Program
2012-13 COSIGNER LOAN APPLICATION

Aerospace Applicant's Name:	Relationship to Applicant: <i>Cosigner cannot be spouse.</i>
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COSIGNER'S INFORMATION

Form must be complete – do not leave blanks.

1. Last Name	First Name	MI	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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, must have one of these VISA types and be eligible to work in the United States:</i> <i>Your VISA type:</i> <input type="checkbox"/> I-151 <input type="checkbox"/> I-551 <input type="checkbox"/> I-551C VISA number: _____			
9. Have you ever filed Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If less than 7 years – not eligible to cosign) Date of discharge:</i> _____			
10. List all borrower (and spouse) monthly income sources: <i>(do not include unemployment benefits as income)</i>		Cosigner's gross monthly wage income:	\$
		Income Source	
		Cosigner's spouse gross monthly wage income:	\$
		Income Source	
11. List monthly debt payments:		Other (i.e. Income from investments)	\$
		Mortgage(s) Payment	\$
		Credit Card monthly payments(s)	\$
		Car and other loan Debt Payments	\$
Contacts: Provide two contacts with addresses <u>different</u> from your own and different from each other that will always know your current address. <i>The first contact should be a relative- but not a spouse.</i>			
		Contact One:	Contact Two:
Name			
Permanent Address			
City, State, Zip Code			
Area Code/Telephone			
Relationship to Applicant			

CONSUMER CREDIT REPORT RELEASE FORM
PLEASE READ CAREFULLY

BY MY SIGNATURE BELOW I AUTHORIZE the Washington Student Achievement Council 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

Mail to: WSAC/ALP PO Box 43430 Olympia WA 98504-3430 For questions contact: alp@wsac.wa.gov or (360) 596-4817