



The Alternative Financing Program

P.O. Box # 3781
Little Rock, Arkansas 72203
Phone: 501-296-1663
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Loan Application

Application Taken by: [ ] Mail [ ] Fax [ ] Face to Face [ ] Email [ ] Web

IMPORTANT: Check the appropriate boxes below and complete the application sections.

- [ ] Secured [ ] Unsecured [ ] Joint Credit
[ ] Individual Loan-relying solely on my income or assets
[ ] Individual Loan-relying on my income or assets as well as income from other sources

Purpose of Loan:

[Empty box for Purpose of Loan]

Amount Requested: \$ \_\_\_\_\_

Description of Product/Equipment:

- [ ] Home Modifications [ ] Modified Vehicle [ ] Hearing Aid(s) [ ] Other

Section A- Individual Applicant Information

Name (last, first, middle): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Dependents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Employer (name and address): \_\_\_\_\_ How Long: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary Per Month: \_\_\_\_\_

Previous Employer (name and address): \_\_\_\_\_ How Long: \_\_\_\_\_

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

Source of Other Income: \_\_\_\_\_ Amount Per Month: \_\_\_\_\_

Name and Address of Nearest Relative Not Living with You: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section B- Joint Applicant or Other Party Information**

Name (last, first, middle): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Employer (name and address): \_\_\_\_\_ How Long: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Salary Per Month: \_\_\_\_\_

**Section C- Asset & Debt Information**

Description of Assets	Financial Institution	Value
Checking Account(s)		\$
Saving Account(s)		
Certificate of Deposit/Other		
Stocks, Bonds, Mutual Funds		

Do you have a prepaid debit card for banking?  Yes  No  Rent  Own

Mortgage/Rent: \$ \_\_\_\_\_ Landlord or Mortgage Holder: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

**AFP Income to Debt Analysis (Monthly)**

Income	Borrower	Co-Borrower
Salary/Wage	\$	\$
Social Security		
Pension		
Disability Income		
Rental Income		
Alimony/Child Support		
Bank/Investment Income		
Business Income		
Other		
<b>Total Monthly Income:</b>	\$	\$

AFP Income to Debt Analysis (Monthly)		
Financial Obligations	Borrower	Co-Borrower
Mortgage/Rent	\$	\$
Homeowner's/Rental Insurance		
Real Estate Taxes		
Car/Truck Payment(s)		
Automobile Insurance		
Vehicle Maintenance/Fuel Costs		
Credit Card(s)/Charge Account(s)		
Student Loan Payment(s)		
Bank/Credit Union Loan Payment(s)		
Child Support/Alimony		
Unsecured Loans		
Utilities (Electricity, Gas, Water)		
Phones, TV Satellite/Cable, Internet, Wi-Fi		
Food (Groceries, Restaurants, Fast Food)		
Personal Expenses (Clothing, Pets, etc.)		
Insurance (Health, Dental, Vision, Life)		
Medical Bill Payment(s)		
Pharmacy Prescriptions/Over the Counter		
Child Care/Daycare/Family Service		
Entertainment (Movies, Music, Games, etc.)		
Hobbies (Sports, Shopping, Crafts, Travel)		
Property Taxes, Association Dues		
<b>Total Monthly Expenses:</b>	\$	\$

**TOTAL AVAILABLE FOR A LOAN PAYMENT:** \$ \_\_\_\_\_

(Total Monthly Income - Total Monthly Expenses)

**Section D- Complete the following information about the Applicant/Joint Applicant**

Are you a co-maker, endorser or guarantor on any loan or contract?  Yes  No

Have you previously received a loan from us?  Yes  No

Are there any unsatisfied judgments against you?  Yes  No

Have you been declared bankrupt in the last 3 years or less?  Yes  No

Do you have any outstanding medical bills that could be considered in collection status or bad debt?

Yes  No

Are you receiving services under a Medicaid Waiver?  Yes  No

**Section E- Complete only if credit is to be secured.**

Property description:

Names and Addresses of all co-owners of the property: \_\_\_\_\_

**SIGNATURES-** I certify that everything I have stated in this application and on any attachments is true and correct to the best of my knowledge. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record. I understand that I must update credit information at your request if my financial conditions change. I/we have been informed that any fees paid to cover the cost of application processing will not be refunded.

\_\_\_\_\_  
Applicant Signature Date Joint Applicant Signature (if applicable) Date