

Historic Columbus Loan Program Application for Credit

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First Name	Last Name	SSN	DOB
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Current Street Address	Phone #
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City	State	Zip	# of Years / Months
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Previous Street Address

City	State	Zip	# of Years / Months
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References

Name of Nearest Relative	Relationship	Phone #
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Address

Employment

Name of Current Employer	Name of Supervisor	Gross Monthly Income
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Position/Title	Years Employed with Company	Work Phone
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Employer Address	City	State	Zip
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Name of Previous Employer	Years Employed with Company
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*Other Monthly Income	Source
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Joint Applicant

First Name	Last Name	SSN	DOB	
Current Street Address	City	State	Zip	Phone #
Name of Current Employer	Name of Supervisor	Gross Monthly Income		
Position/Title	Years Employed with Company	Work Phone		
Employer Address	City	State	Zip	
*Other Monthly Income	Source			

*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 OBLIGATION.

Mortgage Information

Mortgage Holder	Monthly Payment	Amount Owed	House Value
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I/WE HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND ARE GIVEN FOR THE PURPOSE OF OBTAINING CREDIT. THE HISTORIC COLUMBUS FOUNDATION, INC., IS AUTHORIZED TO VERIFY THE STATEMENTS CONTAINED HEREIN. A CREDIT REPORT WILL BE APPLIED FOR BY HCF AND A CREDIT CHECK WILL APPEAR ON YOUR CREDIT REPORT AS AN INQUIRY.

Applicant Signature	Date
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Applicant Signature	Date
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