

Historic Columbus Loan Program Application for Credit

Email _____

First Name Middle Initial Last Name SSN

Current Street Address Phone #

City State Zip # of Years / Months

Previous Street Address

City State Zip # of Years / Months

References

Name of Nearest Relative Relationship Phone #

Address

Employment

Name of Current Employer Name of Supervisor Gross Monthly Income

Position/Title Years Employed with Company Work Phone

Employer Address City State Zip

Name of Previous Employer Years Employed with Company

*Other Monthly Income Source

Joint Applicant

First Name	Middle Initial	Last Name	SSN
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Current Street Address	City	State	Zip	Phone #
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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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*Other Monthly Income	Source
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*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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