

WENDCO CONSUMER CREDIT COUNSELING PROGRAM
APPLICATION

P.O. Box: 8377 - 1265 Copley Road - Akron, OH 44320
(330) 869-8303 fax: (330) 869-6135

APPLICANT

DATE _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt# _____ City _____

State _____ Zip _____ Home Phone _____ - _____ - _____ Work _____ - _____ - _____

Marital Status: Single Married Divorced Separated Widowed

Social Security # _____ - _____ - _____ Birth date _____ Age _____

Employer's Name _____ Job Title _____

Employer's Address _____ Years Employed _____

Applicant's Gross Monthly Income (before taxes) \$ _____

List other income \$ _____ (use back page if necessary)

CO-APPLICANT

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt# _____ City _____

State _____ Zip _____ (If different from above)

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Marital Status: Single Married Divorced Separated Widowed

Social Security # _____ - _____ - _____ Birth date _____ Age _____

Employer's Name _____ Job Title _____

Employer's Address _____ Years Employed _____

Applicant's Gross Monthly Income (before taxes) \$ _____

List other income \$ _____ (Use back page if necessary)

NUMBER OF DEPENDENT CHILDREN

Name	Age	Male/Female	Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Yes	No	Account Balance	Bank Name
Do you have a savings account?	_____	_____	_____	_____
Do you have a checking account?	_____	_____	_____	_____
Do you pay rent?	_____	_____	Rent Amount _____	

FAMILY CREDIT HISTORY

Credit Cards	Balance Owed	Monthly Payment

Please total the amounts _____

OTHER DEBTS/LOANS

(i.e. automobile payments, finance company, appliances, etc.)	Balances Owed	Monthly Payments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please total the amounts _____

OTHER LIABILITIES/LOANS

Monthly Alimony Payments \$ _____

Expiration Date

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Monthly Support Payments \$ _____

Expiration Date

--	--	--

Total Liabilities \$ _____

Have you ever had any judgments and/or liens filed against you in the past year? If yes what were the circumstances?

Have you filed bankruptcy in the past ten years? If yes, what were the circumstances? _____

How did you hear about the program? _____

ADDITIONAL INFORMATION

APPLICANT

Applicant's Previous Address _____ Apt. # _____ City, State, Zip _____

Applicant's Previous Employer _____ Job Title _____
& Length of Employment

Applicant's Previous Employer Address _____ City, State, Zip _____

CO-APPLICANT

Applicant's Previous Address _____ Apt. # _____ City, State, Zip _____

Applicant's Previous Employer _____ Job Title _____
& Length of Employment

Applicant's Previous Employer Address _____ City, State, Zip _____

AUTHORIZATION FOR NON-DISCLOSURE AND CREDIT CHECKS

This document is for authorization to release information regarding credit checks and to release information to any of the groups involved in the program.

I/We hereby grant permission to WENDCO to run credit report checks and to release information to all of the authorized representatives, the following information (all information pertaining to the application and all related documents). The purpose or need for disclosure is for evaluation and monitoring purposes.

I hereby state that I have read and fully understand the above statements as they apply to me and do herein expressly consent to disclosure for the purpose or need and the extent or nature as stated above.

A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The information is for the confidential use of the lender in determining my/our credit worthiness for an installment loan or to confirm information I/We have supplied. In addition, I/We are aware that the documentation supplied is subject to reverification after the date of the loan disbursements.

I/We certify that all information on this application and all information furnished in support of this application is true and complete to the best of my knowledge and belief. Verification may be obtained from any source necessary (including credit bureau).

NOTE:

**WENDCO IS AN EQUAL HOUSING OPPORTUNITY AGENCY
AND DOES NOT DISCRIMINATE ON THE BASIS OF
AN APPLICANT'S RACE, SEX, RELIGION, NATIONALITY,
HANDICAP, COLOR OR FAMILY STATUS.**

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Office Use Only

Date and time application received ___:___ (AM or PM) Date _____

Approved _____ Denied _____ Explanation _____

