

# ELIMINATE YOUR DEBT APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Own    Rent    (Please circle)	Monthly payment or rent:	How long?
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Previous address:

City:	State:	ZIP Code:
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Owned   Rented   (Please circle)	Monthly payment or rent:	How long?
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## EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly   Salary   (Please circle)	Annual income:
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## EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly   Salary   (Please circle)	Annual income:
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Previous employer:

Address:

Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly   Salary   (Please circle)	Annual income:
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## REVOLVING CREDIT

Description	Type	Current balance	Monthly payment

## LOANS, DEBTS, OR OBLIGATIONS

Description	Type	Remaining Balance

Signature of applicant	Date
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Signature of co-applicant, if for joint account	Date
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