**CONSUMER CREDIT APPLICATION**

**ECONOMIC EMPOWERMENT CENTER**

**OMAHA NE**

**Personal Information**

|  |  |
| --- | --- |
| Name  | Social Security Number |
| Address  |
| City  | State | ZIP | Date of Birth |

|  |  |
| --- | --- |
| Email | Phone |
| Amount / Term | Reason |

**Employment History**

|  |  |
| --- | --- |
| Employer  | Job Title  |
| Address  | Supervisor |
| City  | State  | ZIP  | Salary |
| Phone  | Date Hired | Date end |
| Employer  | Job Title  |
| Address  | Supervisor |
| City  | State  | ZIP  | Salary |
| Phone  | Date hired  | Date end |

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of income** | **Total** | **Expenses** | **Total** |
| Salary |  | Loans |  |
| Bonuses & Commissions |  | Charge Account Bills |  |
| Income from Rental Property |  | Monthly Bills |  |
| Investment Income |  | Real Estate Mortgages |  |
| Other Income |  | Other debts (itemize) |  |
|  |  |  |  |
| Total Income |  | Total Expenses |  |

**Bank – Personal References**

|  |  |  |
| --- | --- | --- |
| Institution - person name: | Institution – person name: | Institution - person name: |
| Checking Account # | Savings Account # | Loan # | Loan balance |
| Address | Address | Address |
| Phone | Phone | Phone |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date