

# Application for Universal Guardian Loan

Please complete this financial form and FAX it to your **Sessions College Admissions Advisor** at **866.298.9127**. Your advisor will use the data to set up your Universal Guardian loan application, which will be sent to you for review and approval. All information in this form is confidential and will not be shared with any third party or used for any other purpose.

## PERSONAL INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MARITAL STATUS  MARRIED  UNMARRIED  SEPARATED

### PROGRAM

**TUITION (PURCHASE PRICE)**

**DOWN PAYMENT**

**TERM OF LOAN (MONTHS)**

### PROFESSIONAL CERTIFICATE

**\$6,450**

**\$645**

**36 MONTHS**

START DATE \_\_\_\_\_

WILL A CO-SIGNER BE USED ON THIS APPLICATION?  YES\*  NO

\* (If yes, please provide co-signer information on page 2)

IS BUYER PRESENT TO SIGN IMMEDIATELY?  YES  NO

## FINANCIAL INFORMATION

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

POSITION \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

GROSS MONTHLY PAY \_\_\_\_\_ OTHER MONTHLY INCOME SOURCE \_\_\_\_\_

OTHER MONTHLY INCOME \_\_\_\_\_ MORTGAGE COMPANY/LANDLORD \_\_\_\_\_

DO YOU RENT OR OWN? \_\_\_\_\_ MONTHLY RENT/HOUSE PAYMENT \_\_\_\_\_

TIME AT RESIDENCE: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

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## CO-SIGNER INFORMATION

CO-SIGNER FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

CO-SIGNER SS# \_\_\_\_\_ CO-SIGNER EMAIL \_\_\_\_\_

CO-SIGNER EMPLOYER \_\_\_\_\_ DATE OF EMPLOYMENT \_\_\_\_\_

CO-SIGNER POSITION \_\_\_\_\_ EMPLOYER PHONE # \_\_\_\_\_

GROSS MONTHLY PAY \_\_\_\_\_

CO-SIGNER PHONE # \_\_\_\_\_ CO-SIGNER DATE OF BIRTH \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

## REFERENCES

NAME OF REFERENCE 1 \_\_\_\_\_

AREA CODE/PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

NAME OF REFERENCE 2 \_\_\_\_\_

AREA CODE/PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_