



CAL NORTHERN SCHOOL OF LAW LOAN APPLICATION

Please furnish the information requested on this form. It is important that all questions are answered. If you run out of space, please attach additional pages (write your name and social security number on all additional pages).
information will be verified.

1. Applicant Information

Name: _____

Permanent Home _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Cell Phone (_____) _____

Email Address _____

Date of Birth _____ Spouse's Date of Birth _____

Citizenship U.S.A. Permanent Resident (How long have you lived in the U.S.? _____)

Other Country: _____

Social Security Number _____ Driver's Licence Number _____

Spouse's Social Security Number _____

Please indicate your status. (For statistical purposes only) Male Female

African American/Black Asian American/Pacific Islander

Hispanic/Latino Native American/American Indian

White

2. List all dependents and non-relatives living with you

| Name | Age | Relationship | Name | Age | Relationship |
|------|-----|--------------|------|-----|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

3. Employment Information

| Applicant | Spouse |
|---------------------------------------|---------------------------------------|
| Employer/ | Employer/ |
| Business Name: _____ | Business Name: _____ |
| Address: _____ | Address: _____ |
| City, State, Zip: _____ | City, State, Zip: _____ |
| Telephone Number: _____ | Telephone Number: _____ |
| Occupation/Profession: _____ | Occupation/Profession: _____ |
| How long employed: _____ | How long employed: _____ |
| Marital Status on your W-4: _____ | Marital Status on your W-4: _____ |
| Number of exemptions you claim: _____ | Number of exemptions you claim: _____ |

4. Bank Accounts (Includes Savings & Loans, Credit Unions, IRA's)

| Name of Institution | Address | Type of Acct | Account Number | Balance |
|---------------------|---------|--------------|----------------|---------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | Total: | \$ |

5. Real Estate

| Address/County of Property | Date Purchased | Current Value | Mortgage Balance | Paid To: (Lender Name) |
|----------------------------|----------------|---------------|------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | Total: | \$ | \$ |

6. Motor Vehicles

| Year, Make and License Number | Date Purchased | Current Value | Loan Balance | Date Loan will be paid off |
|-------------------------------|----------------|---------------|--------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | Total: | \$ | \$ |

7. Life Insurance

| Name of Company | Amount you can borrow on Policy |
|-----------------|---------------------------------|
| | \$ |
| | \$ |

8. Other Assets (Stocks, Bonds, Boats, etc.)

| Description | Current Value | Loan Balance | Date Loan will be paid off |
|-------------|---------------|--------------|----------------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | Total: | \$ | \$ |

9a. Monthly Income and Expenses (Based on all members of the household)

| Monthly Income | |
|---|--------|
| Item | Amount |
| Net Pay (amount you take home from wages and/or self employment) | \$ |
| Spouses Net Pay (amount spouse takes home from wages and/or self employment. If self-employed, see Page 6) | \$ |
| Rents Received | \$ |
| Pensions | \$ |
| Disability/Social Security | \$ |
| Commissions | \$ |
| Other Income: | |
| Dividends | \$ |
| Interest | \$ |
| Child Support | \$ |
| Royalties | \$ |
| Alimony | \$ |
| Other (list) _____ | \$ |
| Income contributed from other people living in your home | \$ |
| Total Monthly Income: | \$ |

9b. Monthly Income and Expenses (Expense must be reasonable for the size of your family, location, and circumstances).

Monthly Expenses

| Item | Amount |
|---|--------|
| Homeowner <input type="checkbox"/> Enter Monthly rent payment | \$ |
| Renter <input type="checkbox"/> Enter Monthly rent payment | \$ |
| Payments made to: _____ | |
| Address: _____ | |
| City, State, Zip: _____ | |
| Telephone Number: _____ | |
| Alimony/Child Support (If payroll deduction, do not enter) | \$ |
| Groceries | \$ |
| Childcare/Daycare | \$ |
| Utilities: | \$ |
| Electricity | \$ |
| Heat | \$ |
| Water | \$ |
| Sewer | \$ |
| Telephone | \$ |
| Transportation (Number of miles to and from work _____) | \$ |
| Doctor and medical bills not paid by insurance | \$ |
| Insurance (not paid through payroll deductions): | \$ |
| Vehicle | \$ |
| Health | \$ |
| Life | \$ |
| Homeowners/Renters | \$ |
| IRS Installment Agreement (Total Amount Due \$ _____) | \$ |
| Quarterly Estimate Income Tax Payments | |
| Federal | \$ |
| State | \$ |
| Vehicle Payments (List Lien Holder below) | |
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |

Credit Obligations

| Name of Creditor/Card | Credit Limit | Amount Owed | Available Cash Advance | Minimum Monthly Payment |
|-----------------------|--------------|-------------|------------------------|-------------------------|
| 1. | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ |
| 4. | \$ | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ | \$ |
| 6. | \$ | \$ | \$ | \$ |
| 7. | \$ | \$ | \$ | \$ |

| Other Expenses (List all other personal obligations not included above) | Amount |
|---|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| Total Monthly Expenses: | |
| | \$ |

10. Do you expect changes to income or health that may change your monthly expenses? If yes, explain.

Have you filed bankruptcy? Yes No If yes, complete the following:

District: _____

Case No. _____

Judge's Name: _____

Petition Date: _____ Discharge Date: _____

Attorney's Name: _____

Attorney's Telephone Number: _____

Documentation

You must submit the following documentation with your application.

1. Verification of income and expenses for the past three months.
 - Copies of all pay stubs and statements of any other income.
 - Copies of alimony and child support payments.
 - In addition, if **self employed**:
 - Current balance sheet and income statements
 - Annual balance sheets and income/expense statements for the last two years (such as IRS FORM 1040 Schedule C).
 - Current list of accounts receivable.
 - Current list of notes receivable.

2. Bank information for the past three months.
 - Bank Statements for all personal and business accounts.

3. Other:
 - Documentation and explanation of other household expenses that may exceed a reasonable amount.

Under penalty of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Applicant Signature _____ Date: _____

All materials must be addressed to:
CAL NORTHERN SCHOOL OF LAW LOAN PROGRAM
 1395 Ridgewood Drive, Ste. 100
 Chico, CA 95973