



# 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
				\$
				\$
				\$
				\$
			<b>Total:</b>	\$

#### 5. Real Estate

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

#### 6. Motor Vehicles

Year, Make and License Number	Date Purchased	Current Value	Loan Balance	Date Loan will be paid off
		<b>Total:</b>	\$	\$

#### 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
	\$	\$	
	\$	\$	
	<b>Total:</b>	\$	\$

#### 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	\$
<b>Total Monthly Income:</b>	\$

**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.	\$
<b>Total Monthly Expenses:</b>	
	\$

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

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**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