

HEIGHTS FINANCE CORPORATION LOAN APPLICATION

DATE _____ LOAN AMOUNT REQUESTED \$ _____

APPLICANT: Please read the following before completing this form. Please check the box which identifies the type of credit you are applying for. If applying for Joint Credit, please initial on the lines provided. Married applicants may apply for an individual account.

I am applying for INDIVIDUAL CREDIT. We intend to apply for JOINT CREDIT _____ Applicant _____ Co-Applicant

This application is subject to underwriting standards and may be subject to the provision of acceptable collateral. In addition, any joint owner of any collateral may be required to sign a third party agreement allowing use of the collateral for the purpose of the applicant obtaining credit.

APPLICANT INFORMATION							
Name (Last, First, Middle I.)			Home Phone			Cell Phone	
Date of Birth		Social Security Number			No. of Dependents		Ages
Street Address		City, State, Zip				How Long?	
Former Address (if current address is less than 2 years)					E-mail Address		
Purpose of Loan (Check the box that applies): <input type="checkbox"/> Auto Purchase/Repair <input type="checkbox"/> Travel or Vacation <input type="checkbox"/> Medical or Dental <input type="checkbox"/> Furniture or Appliance <input type="checkbox"/> Taxes <input type="checkbox"/> Bill Consolidation <input type="checkbox"/> Holiday Expenses <input type="checkbox"/> K-12 School Expenses <input type="checkbox"/> Other							
Employer Name and Address				Phone Number & Extension		Employment Type	
Position		Length of Employment		Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Other Income Source(s): \$ _____ Source(s):			
Gross Monthly Salary and Commissions \$ _____ \$ _____		Net Monthly Salary and Commissions \$ _____ \$ _____		Former Employer (if current employer is less than 5 years) How long?			
Housing Status: <input type="checkbox"/> Rent Home <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Mobile Home <input type="checkbox"/> Own Mobile Home <input type="checkbox"/> Rent Apt. Payment per Month \$ _____ To Whom: _____				Have you been declared bankrupt in the past 14 years? CH 7 <input type="checkbox"/> Yes <input type="checkbox"/> No CH 13 <input type="checkbox"/> Yes <input type="checkbox"/> No			
CO-APPLICANT INFORMATION							
Name (Last, First, Middle I.)			Home Phone			Cell Phone	
Date of Birth		Social Security Number			No. of Dependents		Ages
Street Address		City, State, Zip				How Long?	
Former Address (if current address is less than 2 years)					E-mail Address		
Employer Name and Address				Phone Number & Extension		Employment Type	
Position		Length of Employment		Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Other Income Source(s): \$ _____ Source(s):			
Gross Monthly Salary and Commissions \$ _____ \$ _____		Net Monthly Salary and Commissions \$ _____ \$ _____		Former Employer (if current employer is less than 5 years) How long?			
Housing Status: <input type="checkbox"/> Rent Home <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Mobile Home <input type="checkbox"/> Own Mobile Home <input type="checkbox"/> Rent Apt. Payment per Month \$ _____ To Whom: _____				Have you been declared bankrupt in the past 14 years? CH 7 <input type="checkbox"/> Yes <input type="checkbox"/> No CH 13 <input type="checkbox"/> Yes <input type="checkbox"/> No			
CREDITOR INFORMATION (loans credit cards and other)							
NAME	SECURITY	PAYMENT	NAME(S) ON ACCT	NAME	SECURITY	PAYMENT	NAME(S) ON ACCT

CONSENT FOR DISCLOSURE OF INFORMATION

I/We hereby authorize any creditor, any bank at which I/we have deposit accounts and any insurance company with which I/we have insurance that is listed in this application to provide information to Heights on its experience with me/us and to verify the existence of accounts and current balances. I/We also authorize Heights to provide information on its credit experience with me/us to other parties. I/We understand and agree that this consent shall be effective until I/we notify Heights in writing that it is revoked.

EVERYTHING STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I/WE HEREBY AUTHORIZE HEIGHTS FINANCE CORP. TO OBTAIN A CREDIT REPORT ON ME/US AND TO CONTACT PAST, CURRENT AND FUTURE EMPLOYERS TO VERIFY EMPLOYMENT, SALARY INFORMATION AND RESIDENCE. I AUTHORIZE YOU TO SEND ME INFORMATION FROM TIME TO TIME ABOUT SERVICES YOU OFFER. IF I DO NOT WISH TO RECEIVE THIS INFORMATION, I WILL CONTACT YOU AND YOU WILL REMOVE MY NAME FROM YOUR MAILING LIST.

Notice to Married Applicants in Wisconsin: No provision of a marital property agreement, a unilateral statement under sec. 766.59 or a court decree under sec. 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

WISCONSIN RESIDENTS ONLY: You are married unmarried. If you are married and your spouse is not signing below, the name of your spouse is _____ and your spouse resides at the address above or at _____

 APPLICANT'S SIGNATURE

 CO-APPLICANT'S SIGNATURE

HFC 187 (REV. 11/15)