



SUPPLEMENTAL CREDIT INFORMATION

Please complete this form and return it with the application. Failure to include complete mailing addresses and account numbers may delay the processing of your application. Please provide documentation of three (3) sources of alternative credit for both the applicant and co-applicant.

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

PREFERRED SOURCES: Payments to utilities (gas, electric, water, sewer, trash, etc.), telephone service, cable television, internet service, insurance payments, etc.

<u>NAME</u>	<u>ADDRESS</u>	<u>ACCOUNT NUMBER</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALTERNATIVE SOURCES: Payments to child care providers, school tuition payments to local retail stores, storage unit companies, payment arrangements for medical bills, etc.

<u>NAME</u>	<u>ADDRESS</u>	<u>ACCOUNT NUMBER</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
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