



CREDIT-ABLE
Georgia's Alternative Loan Financing Program
LOAN GUARANTEE PROGRAM APPLICATION

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Potential Borrowers must demonstrate the ability to repay this loan. Completion of this form does not assure that a loan guarantee will be approved. The Credit Union Consumer Loan Application must also be completed. ***Potential Borrowers must be a member of the GettingAhead Association in order to participate with participating credit union lenders. GettingAhead is covering your annual membership fee of \$5.00 between June 1, 2005 and December 31, 2005 and will assign your membership number to you.***



Member Number _____

Please type or print.

ABOUT YOU / YOUR CO-APPLICANT

APPLICANT

First Name _____ MI _____ Last Name _____

Address _____

City, State _____ Zip _____ Citizenship _____

Phone _____ 2nd Phone _____

Date of Application _____ Date of Birth _____

Employer _____ Work Phone _____

Monthly Income _____ Email _____

Assistive Technology Requested _____

Other Assistive Technology Utilized _____

CO-APPLICANT

First Name _____ MI _____ Last Name _____

Address _____

City, State _____ Zip _____ Citizenship _____

Phone _____ 2nd Phone _____

Date of Birth _____ Email _____

ASSISTIVE TECHNOLOGY USER (if not Applicant)

First Name _____ MI _____ Last Name _____

Address _____

City, State _____ Zip _____ Citizenship _____

Phone _____ 2nd Phone _____

Date of Birth _____ Email _____

Relationship to Applicant _____

User Sex _____ User Race _____ Language _____

Disability Type Related to Request _____

Traumatic Brain Injury _____ Traumatic Spinal Injury _____

FINANCIAL INFORMATION

Assets

Cash in Bank \$ _____ Stocks/Bonds \$ _____

Retirement Accounts \$ _____ Real Estate \$ _____

Debts

Mortgage Balance \$ _____ Car Loan Balance \$ _____

Other Loan Balances \$ _____, _____, _____, _____

Credit Card Balances \$ _____, _____, _____, _____

Monthly Bills

Rent or House Payment(s) \$ _____ Electric Bill(s) \$ _____

Gas Bill(s) \$ _____ Water Bill(s) \$ _____ Telephone Bill(s) \$ _____

Cable \$ _____ Insurance (car, health, home) \$ _____ Medical \$ _____

Car Payment/gas/maintenance \$ _____ Credit Card Payment(s) \$ _____

Groceries \$ _____ Miscellaneous \$ _____ Child Care \$ _____

Total of Monthly Bills \$ _____

Signature of Applicant (Person with Disability)

Date

Signature of Borrower (if different from Applicant)

Date

Signature of Co-Borrower

Date

Signature of individual completing the application (or assisting the Borrower with the application)

Print Name _____ Phone _____

Signature _____ Date _____

Signatures Must Be Written In Ink