



PAYMENT PLAN APPLICATION FORM

APPLICANT INFORMATION		DATE	
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.	DL # / State Issued		Expiration date:
Previous address if less than 5 years:			
Spouse Last Name	First	M.I.	
Email	SSN	DOB: ___/___/____ (mm/dd/yyyy)	
Spouse address (if different)	Phone		

LANDLORD NAME: _____

LANDLORD PHONE: _____ **PROPERTY TYPE:** _____
(single, condo, apt., etc.)

MONTHLY RENT: \$ _____ **Lease term/months left** ____/____

MORTGAGE CO: _____ **LOAN BALANCE:** _____

PURCHASE DATE: ____/____ **EST. MARKET VALUE:** _____

MONTHLY MORT. PMT: \$ _____



EMPLOYMENT INFORMATION

PERSONAL EMPLOYMENT INFO

SPOUSE EMPLOYMENT INFO

Company: _____

Company: _____

Address: _____

Address: _____

Supervisor: _____

Supervisor: _____

Position: _____

Position: _____

Phone: _____

Phone: _____

Gross Annual Inc: \$ _____

Gross Annual Inc: \$ _____

Since? _____

Since? _____

Plan to stay? _____

Plan to stay? _____

OTHER INCOME

(You do not need to include alimony, child support or other income if you do not wish for it to be relied upon to determine credit worthiness)

AMOUNT OF INCOME \$ _____

SOURCE: _____

AMOUNT OF INCOME \$ _____

SOURCE: _____

CREDIT INFORMATION

Check Acct. Bal: \$ _____ **Savings Bal.: \$** _____ **Automobiles owned: Yes No**

How many? _____

Total Assets (Including Real Estate): \$ _____ **Financed** ___ **Leased** ___ **Pd** ___

Loan outstanding balance? \$ _____

Make ___ **Model** ___ **Year** ___

Major Credit Cards: Total monthly pmts \$ _____

Financed by: _____

Ever filed Bankruptcy? _____ **Date:** _____

Balance: \$ _____

Delinquent on any debts?: _____ **Explain:** _____



REFERENCES

In order to finance your loan, you must provide accurate information. Do not list children who are currently living with you. A valid phone number and address for each of your references is necessary. * Please provide 2 personal references.

Name: _____ **Name:** _____
Address: _____ **Address:** _____
City: _____ **State:** _____ **City:** _____ **State:** _____
Phone: _____ **Phone:** _____

FAIR CREDIT ACT NOTICE TO CONSUMER

You represent that all of the information that you provided to us in your Application consisting of 3 pages is true and correct, to the best of your knowledge, and can be relied upon by us. You authorize ADVANCED MT, its agent, representative or assignee, to make any inquiries it deems necessary in reference to this application and in the course of review and collection of any credit extended on reliance of this application. You further authorize any person or consumer reporting agency to complete and furnish to ADVANCED MT, its agent, representative or assignee, any information that it may have or obtain in response to such inquiries and agree that such information, along with this application, shall remain the property of ADVANCED MT, its agents, representatives or assignees, whether or not credit is extended. A photocopy of this form is to be treated as an original. In the event that any of the above information appears to be false or incomplete, this application will be denied.

SIGNATURE _____ **SPOUSE SIGNATURE:** _____
PRINT NAME: _____ **PRINT NAME:** _____
DATE: _____ **DATE:** _____