FROM: TO:19198829504 05/08/2019 18:00:44 #399 P.001/001



15688 SE 135th Clackamas 503-656-0600

Applicants Last Name			First Name		Middle Init. Age		Date of Birth	Social Securit				i
			1				1	· ·	Social Security	" N		lo of Dep
Home Address			<u> </u>	10:	<u> </u>	<u> </u>						
nome nadress				City		State	Zip	Home Phor	ie	How Lon	g	
1.	4						l	ľ			_	
Rent	Landlord or N	lortgage Holder (Name & Addre	ss)		Phone	<u> </u>	Monthly De		 	yrs	. 171
						1. 1.01.6		Monthly Pr	и	Amount N	Mortgage \$	
Own			•			1	•		•			•
Previous Addre	ss				City		State	Zip		111		
				•	1			12.15	* * * * * * * * * * * * * * * * * * * *	How Long	3	
Previous Addre							<u> </u>	1			yrs	m
Previous Addre	:55				City		State	Zip		How Long		
		* .			ļ ·							
Applicants Emp	lover			Address	<u></u>		<u> </u>	<u> </u>			yrs	m
			•	Address		•	•	How Long		Gross Mc	onthly Incom	ie
					:				yrs mo	\$	100	
Position			Supervisor					Phone	yrs mo	<u> </u>		
								1110110	· ·			
D	····											
Previous Emplo	yer			Address				How Long	***************************************	Superviso	or ·	
				,	:				•			
Previous Emplo	ver			Address	·		··		yrs mo			
				Address			•	How Long		Superviso	ir .	
									/rs mo			
Alimony child s	upport or sepa	rate maintenance	in come need	not be revealed i	f you do no	;	······································	Other incom		L		
wish to have it considered as a basis for reapying this obligation sep maintenance received under Court Order Written Agreer				Alimony child support			Pensions, Social Sec					
		ier Court Order	Written Agreen	nent Oral Under	standing	\$		Etc		\$		
Bank Informatio	n						·					
		Ì	Checking Acct			Amount		6				
Personal Refere	nce			Ios.		, V		Savings		Amount		
, 0,00,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	City		State	Zip	Phone		How Long	Acquainted	1
							.					
Closest Relative	Not Living Wi	th You		City	***************************************	State	Zip	Phone		Relationsh	-	
							- -	1		i (elaubi isi	(I)	
Closest Relative	Alas I hama 100	9- V										
Ciosest Relative	HOLLINING WE	m You		City	·	State	Zip	Phone		Relationsh	iip	
Accounts O	tstanding -	List all debts	and previous	s credite hala	ماد داد		_L::	<u> </u>				
	.totarionig	Jointly	and previous	s credits belo	Williame	High	chila suppo		unpaid taxes.			
144.1			Firm Dealt With		Location	Credit	Monthly Payment	Balance Owing	Acces 4		Type of	
Present Auto f	inanced	Y/N				O.Our	Taymont	Ownig	Acct #		Security	
Bank Loans	11.	Y/N										
Credit Unions	25.5	Y/N					w-i					
Finance Comp		Y/N										
VISA/Masterca		Y/N										
American Expi	ress	Y/N										
Dept. Stores	· · · · ·	Y/N									~~~~	
Gas Credit Ca		Y/N				21.5						
		ts in the name o			Y/N	If Yes, Wh	ο?					
		other merchan		sed?	Y/N	If Yes, Wh	o? · : · ·		When?			
lave you beer	i declared ba	inkrupt in the la	st 7 years?		Y/N	lf Yes, Wh	en?			-		
any person or co The undersigned obligations or liak alse information oction at the pres or the purpose (ither of you shall	or not it is appliant in appliant in the instruction of the instructio	oved. You are au ing agency to com that the informati ed hereon, recogn e illegal and fraud hat I have no unpi edit I affirm that th	thorized to che holete and funri on contained or size the penaltie ulent, and may aid judgements e above statem gation concerni	ck my credit and, sh to you any information this application is and defenses be the basis for or executions or ent is true, company me me and conce	employmer ormation it r and financi resulting fro denying a d pending let	nt history and may have or al statement m giving a f ischarge in gal proceedi	of to answer que obtain in respont is true and con alse satement of bankruptcy. I furng against me.	stions about your complete warrant financial corther state that	and any other cre- cour credit experier edit inquires. that we have no di dition, recognize that I am not contemp signee or any ager er and to any other	ebts, finan- ebts, finan- nat the givin lating a bar	 I authorized I aut	: e
Applicants Sig	gnature						Driver's Lice	nse				