

# Financial Application

*Please mail us or fax us this application*

Parent/Guardian		SSN		Date of Birth
Address		Zip	How Long	Telephone
Former Address			How Long	No. of Dependent Children
Employer	Position	How Long	Gross Monthly Income	
Employer's Address				Telephone
Previous Employer & Address				Telephone
Spouse		SSN		Date of Birth
Employer	Position	How Long	Gross Monthly Income	
Employer's Address				Telephone
Name & Address of Nearest Relative (Not in Household)		Relationship	Phone	
Bank & Address		Telephone	Checking Account	Savings Account
Automobile	Year	Make	Model	
Automobile	Year	Make	Model	
Do You Receive Child Support or Alimony Payments?		___ Yes	___ No	Monthly Amount _____
Do You Receive Adoptive Child Assistance Payments?		___ Yes	___ No	Monthly Amount _____
Do You Receive Income From Other Sources?		___ Yes	___ No	Monthly Amount _____
Does Student have SSI, Inheritance, Trust Fund, Etc.?		___ Yes	___ No	Amount _____
Are You Obligated to Make Alimony or Child Support Payments?		___ Yes	___ No	Monthly Amount _____
Have You Filed Bankruptcy or Chapter 13 Within the Last 10 Years?		___ Yes	___ No	If Yes, Mo/Yr _____
Do You Now Have Any Unsatisfied Judgments Against You?		___ Yes	___ No	If Yes, Please explain on Other Side
Are You a Cosigner, Endorser, or Guarantor For Others?		___ Yes	___ No	If Yes, Please Explain on Other Side
Name & Address of Creditors		Amt Borrowed		Present Balance


FOR THE PURPOSE OF PLACING MY STUDENT AT NEW CREATIONS, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO CHECK MY CREDIT AND EMPLOYMENT HISTORY. I HAVE INCLUDED THE REQUIRED DOCUMENTS (CHECK STUBS, LAST YEAR'S FEDERAL & STATE INCOME TAX RETURNS, VERIFICATION OF OTHER INCOME, ETC.) I AGREE TO NOTIFY NEW CREATIONS OF ANY CHANGES IN MY FINANCIAL STATUS.

Applicant Signature X \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Applicant Signature X \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Names of Dependant Children	Age	Date of Birth	Living at Home?	College?
Comments or Explanations From Previous Page				

***FOR OFFICE USE ONLY***

<table border="1"> <thead> <tr> <th>Special Circumstances</th> <th>Check if Yes</th> </tr> </thead> <tbody> <tr> <td>Orphan?</td> <td></td> </tr> <tr> <td>Death or Divorce?</td> <td></td> </tr> <tr> <td>Unemployment/Disability?</td> <td></td> </tr> <tr> <td>Low Income/Welfare Recipient?</td> <td></td> </tr> <tr> <td>Full Time Ministry?</td> <td></td> </tr> </tbody> </table>		Special Circumstances	Check if Yes	Orphan?		Death or Divorce?		Unemployment/Disability?		Low Income/Welfare Recipient?		Full Time Ministry?		<b>INCOME</b>	
		Special Circumstances	Check if Yes												
		Orphan?													
		Death or Divorce?													
		Unemployment/Disability?													
		Low Income/Welfare Recipient?													
		Full Time Ministry?													
Income 1															
Income 2															
Child Support															
Adoptive Support															
SSI, Insurance, Etc.															
Other Income															
Total Income															

Comments or Special Considerations	Dependants in Household _____
------------------------------------	----------------------------------

	<b><i>APPLICATION APPROVAL</i></b>
	Monthly Payment _____
	Terms _____

Application Denial & Reason
-----------------------------

By: _____	Date: _____
-----------	-------------

--	--

---

*Parent Signature*

*Date*

*Parent Signature*

[BACK](#)

New Creations Chapel Inc.  
6400 National Rd. E. Richmond, IN 47374  
(765) 935-2790 Fax: (765) 935-3961

[\*\*Email Us!\*\*](#)

© Copyright 2001 New Creations Chapel, Inc.