

# Hillsdale Independence Loan Application

**~ ALL ITEMS IN THE APPLICANT INFORMATION SECTION MUST BE COMPLETED BEFORE THE APPLICATION WILL BE CONSIDERED.**

**~ ADDITIONALLY, IF YOU ARE UNDER THE AGE OF 18 OR WISH TO APPLY WITH A COSIGNER, ALL ITEMS IN THE COSIGNER INFORMATION SECTION MUST BE COMPLETED.**

**~ APPLYING WITH A CREDITWORTHY COSIGNER MAY INCREASE YOUR CHANCES OF APPROVAL.**

## APPLICANT INFORMATION

**\*If applying without a cosigner, you must submit a recent copy of your full detailed credit report (no more than 6 months old) and your most recent federal income tax return\***

Name _____	Social Security # _____
Address _____	Phone _____ cell home _____
City, State, Zip _____	Date of Birth _____
Are you a United States Citizen? _____yes _____no	Driver's License # _____
Anticipated Graduation Date _____	Field of Study _____

**Please list the following information for three individuals who are likely to be able to contact you. At least one must be a non-family member.**

1. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ cell home \_\_\_\_\_  
 Address \_\_\_\_\_  

street
city
state
zip
2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ cell home \_\_\_\_\_  
 Address \_\_\_\_\_  

street
city
state
zip
3. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ cell home \_\_\_\_\_  
 Address \_\_\_\_\_  

street
city
state
zip

The amount requested for the \_\_\_\_\_ academic year is \$\_\_\_\_\_.

**COSIGNER INFORMATION**

**\*You must submit a recent copy of your full detailed credit report (no more than 6 months old) and your most recent federal income tax return unless previously submitted for the CFPS verification process.\***

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ cell home \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_yes \_\_\_\_\_no Relationship to Borrower \_\_\_\_\_

Employer \_\_\_\_\_ Years with Current Employer \_\_\_\_\_

**Please list two references who are likely to have your contact information or will be able to reach you in the future. At least one must not be related to you.**

1. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ cell home \_\_\_\_\_

Address \_\_\_\_\_

*street city state zip*

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ cell home \_\_\_\_\_

Address \_\_\_\_\_

*street city state zip*

Everything stated in this application is correct to the best of my knowledge. I understand that Hillsdale College will retain this application even if the loan is not approved. By signing this application, I authorize Hillsdale College to contact the references listed in the application now and in the future to verify my credit and employment information or for any other purpose related to collection.

If I am signing this application as the applicant, I acknowledge that Hillsdale College may share information about this application, any resulting loan, and about me with the person signing this application as cosigner. If I am signing this application as cosigner, I acknowledge that Hillsdale College may share information about this application, any resulting loan, and about me with the person signing this application as applicant. Hillsdale College may share information about me with other persons as permitted by law.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Cosigner \_\_\_\_\_