

EQUISHARES

445 CENTRAL AVE
 SUITE #300
 CEDARHURST, NY 11516
 TEL: 877-378-4742

LOAN APPLICATION FORM**AMT. REQUESTED \$:****DATE:****INTERVIEWER:****AMT. APPROVED \$:****APPROVAL DATE:****DATE OF NOTE:****CODE NO.:****LOAN NO.:**

Applicant: Please print all information clearly. Include all account and phone numbers. Read, sign, and date application.

Personal Information

Name:				Date of Birth: / /		Social Security #: - -	
First	Middle	Last					
Address:					Home Phone:		
Street/Apt.		City		State		Zip	
Occupation:				Cellular Phone:			
Place of Birth:			Date of Arrival in U.S.:			Marital Status:	
Spouse Name:				Date of Birth: / /		Social Security #: - -	
First	Middle	Last					
Place of Birth:			Date of Arrival in U.S.:			Occupation:	
Number of Children (ages):				Number of Dependents in Home:			

Employment Information

Current:								
Employer Name		Address			City		State Zip	
Position:			Annual Income \$			Phone: ()		
Spouse:								
Employer Name		Address			City		State Zip	
Position:			Annual Income \$			Phone: ()		

Bank Information

Personal Bank Name:					Average Balance \$		
Name		City		State		Zip	
Account Number:				<input type="checkbox"/> Checking <input type="checkbox"/> Saving		Bank Phone: ()	
(If Self Employed)Business Checking Account Name & No.:							
Business Bank Name:					Do you(and/or your Spouse)have Credit Cards(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name		City		State		Zip	
Aggregate Credit Limit on your Family's Cards \$				Current Total Outstanding Balance on all Cards \$			

Loan Request Information

Purpose of Loan and Related Circumstances:							
How did you hear about the EquiFund?							
Have you previously been an EquiFund Borrower or Cosigner?(If so, when)							
Has your spouse previously been an EquiFund Borrower or Cosigner?(If so, when)							

Representations: By signing below, you represent that all information given in this application is true and complete.

Credit Reports and Verification: By signing below, you authorize us to obtain a credit report on you. If you ask, we will tell you if a report has been obtained and the name an address of the agency furnishing the report. You also authorize anyone named in this application or any credit report we obtain regarding you to verify any information given in this application or on the credit report. (*Note: If the Borrower is married then the Spouse must sign where indicated)

Borrower's Signature

DATE

Spouse's Signature

DATE

COSIGNER #1 INFORMATION

Name: _____ Social Security #: - - Home Phone: _____
Address: _____ Cellular Phone: _____
Street/Apt. City State Zip
Marital Status: _____ Date of Birth: _____ Occupation: _____ Annual Income \$ _____
Current Employer or Business: _____ Start Date (Month/Year): _____ Business Telephone: _____
Street, City, State & Zip Code: _____

Personal Bank Name: _____ Account Number: _____
(If self-employed) Bus. Ckg Acc Name & No.: _____ Bank Name: _____
Prev. Employer: _____ Start Date (Mont/Year): _____ End Date (Month/Year): _____ Tel.: _____
Have you previously been an EquiFund Borrower or Cosigner (If so, when)
Time known Borrower: _____ Relationship to Borrower: _____

Spouse Name: _____ Social Security #: - - Occupation: _____
Place of Birth: _____ Date of Birth: _____ Annual Income\$ _____
Current Employer or Business: _____ Start Date (Month/Year): _____ Telephone: _____

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Credit Reports and Verifications: By signing below, you authorize us to obtain a credit report on you. If you ask, we will tell you if a report has been obtained and the name and address of the agency furnishing the report. You also authorize anyone named in this application or any credit we obtain regarding you to verify any information given in this application or on the credit report.

Cosigner #1 Date Spouse Date

COSIGNER #2 INFORMATION

Name: _____ Social Security #: - - Home Phone: _____
Address: _____ Cellular Phone: _____
Street/Apt. City State Zip
Marital Status: _____ Date of Birth: _____ Occupation: _____ Annual Income \$ _____
Current Employer or Business: _____ Start Date (Month/Year): _____ Business Telephone: _____
Street, City, State & Zip Code: _____

Personal Bank Name: _____ Account Number: _____
(If self-employed) Bus. Ckg Acc Name & No.: _____ Bank Name: _____
Prev. Employer: _____ Start Date (Mont/Year): _____ End Date (Month/Year): _____ Tel.: _____
Have you previously been an EquiFund Borrower or Cosigner (If so, when)
Time known Borrower: _____ Relationship to Borrower: _____

Spouse Name: _____ Social Security #: - - Occupation: _____
Place of Birth: _____ Date of Birth: _____ Annual Income\$ _____
Current Employer or Business: _____ Start Date (Month/Year): _____ Telephone: _____

Representations: By signing below, you represent that all information give in this application is true and complete.
Credit Reports and Verifications: By signing below, you authorize us to obtain a credit report on you. If you ask, we will tell you if a report has been obtained and the name and address of the agency furnishing the report. You also authorize anyone named in this application or any credit we obtain regarding you to verify any information given in this application or on the credit report.

Cosigner #1 Date Spouse Date

Note: If the Cosigner is married then the Spouse must sign where indicated above.

This application is subject to approval by the owners or agents and may be without cause disapproved by them. This application may be made a part of your lease. I hereby authorize EQUISHARES, INC. to use any consumer reporting agency, credit bureau or investigative agency to confirm the information contained herein pertaining to my employment history, credit history, prior tenancies, character and to obtain a credit report and any other credit information, and to disclose such information to the owner/agent or representative in support of this application. I have completed this application and recognize that the truth of the information contained herein is essential.

APPLICANT'S SIGNATURE _____ **DATE** _____