



PERSONAL APPLICATION

APPLICANT INFORMATION									
Full name			Birth date			SSN			
Current address:			Time at address		yr	mo	Home phone () -		
			Married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cell phone () -		
Previous address			Time at address			Work phone			
			yr		Mo	() -			
Employer name			How long?			Title			
			yr		mo				
Address			Self-employed?			Nature of business			
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Previous employer name:			How long?			Title			
			yr		mo				
Address			Self-employed?			Nature of business			
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Email			Dr. Lic #			State			Gross income \$
Additional income and source						Total income		\$	
CO-APPLICANT INFORMATION									
Full name			Birth date			SSN			
Current address:			Time at address		yr	mo	Home phone () -		
			Married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cell phone () -		
Previous address			Time at address			Work phone			
			yr		Mo	() -			
Employer name			How long?			Title			
			yr		mo				
Address			Self-employed?			Nature of business			
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Previous employer name:			How long?			Title			
			yr		mo				
Address			Self-employed?			Nature of business			
			<input type="checkbox"/> Yes <input type="checkbox"/> No						
Email			Dr. Lic #			State			Gross income \$
Additional income and source						Total income		\$	

FINANCIAL INFORMATION

Landlord or lien-holder name		Monthly payment	Value	Balance
		\$	\$	\$
Address and phone		<input type="checkbox"/> Buying <input type="checkbox"/> Rent <input type="checkbox"/> Own		
() -				
Home equity loan source		Monthly payment	Original	Balance
		\$	\$	\$
Savings	Name			Balance
				\$
Checking	Name			Balance
				\$

INSURANCE INFORMATION

Insurance Company:	Policy Number:	Agent:	Phone Number:	() -
			Fax Number:	() -

CURRENT VEHICLES

Vehicle 1							
Year	Make	Model	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease	Financial Source:	Keep?	Original	Balance
						<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Vehicle 2							
Year	Make	Model	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease	Financial Source:	Keep?	Original	Balance
						<input type="checkbox"/> Y <input type="checkbox"/> N	\$

If using this application for pre-approval, please tell us what type of vehicle you're interested in:

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I have completely and correctly answered all questions on this application. During the review of my application I understand Oregon Roads and their assigns may obtain a consumer credit report on me and, if the application is approved, may at any time in the future obtain additional consumer reports. I have the right to ask for the name and address of the consumer reporting agency which provided the consumer report. This application shall remain the property of Oregon Roads and their assigns.

Applicant Signature	Date	Co-applicant Signature	Date