



Charlottesville-Albemarle Technical Education Center
CO-APPLICANT CREDIT APPLICATION

NAME OF PRIMARY APPLICANT:

CO-APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

How long?

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

Monthly payment or rent:

How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Previous employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

REFERENCE INFORMATION

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

ADDITIONAL REFERENCES

Name

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Nam

Address:

Phone:

City:

State:

ZIP Code:

Relationship:



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CREDIT CARDS			
Name	Current balance	Monthly payment	
AUTO LOANS			
Lender	Balance	Monthly payment	
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Amount	Monthly payment	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
Promissory Note Service Charges			
Apprenticeship -	\$10.00	Pharmacy Tech	\$20.00
Cosmetology Apprentice	\$50.00	High School Programs	\$80.00
Dental Assistant	\$20.00	Cosmetology	\$100.00
I authorize CATEC. to verify the information provided on this form as to my credit and employment history.			
Signature of co-applicant		Date	