

CAPE HATTERAS ELECTRIC COOPERATIVE LOAN APPLICATION

ABOUT YOURSELF

Application Date:	CHEC Acct #:	Mailing Address:
Full Name:	Date of birth:	
SSN:	Driver's License #:	Number of dependents:
Physical Address:	City/State/Zip:	
Phone:	Monthly payment:	How long?
Previous address:	City/State/Zip:	
Owned Rented (Please circle)	Monthly payment:	How long?
Name of nearest relative not living with you:	Relationship:	
Address:	City/State/Zip:	

ABOUT YOUR WORK

Current employer and address:			
Position:	Hourly Salary (Please circle)	Annual income:	How long?
Phone:	Email:	Fax:	
Previous employer and address:			
Position	Hourly Salary (Please circle)	Annual income:	How long?
Phone:	Email:	Fax:	
Other income source (optional):	Monthly amount:		

YOUR REFERENCES

	Account with	Address	Account No.	Current balance	Monthly payment
Checking					
Savings					
Mortgage				\$	\$
Auto loan					
Credit acct #1					
Credit acct #2					
Credit acct #3					

An additional person: Complete only if you wish to rely on this person's income for repayment, or the other income above is derived from this person as alimony, child support or maintenance payments. *Check one.*

Name:	Relationship:	SSN:
Employer:	Home address:	How long?

LOAN AMOUNT AND PURPOSE

Amount:	Purpose:
<p>The estimate for the project is attached. The above information is correct and is given for the purpose of obtaining credit. You are authorized to verify this information and to obtain additional information in reviewing this credit request.</p>	
Date:	Applicant's Signature: