

Applicant Name:

DOB:

SSN:

Email Address:

Highest level of education:

Employment Status: _____ Full Time _____ Part Time

Employer:

Years with employer: _____

Years at Current Residence:

Co-Applicant Name:

DOB:

SSN:

Email Address:

Highest level of education:

Employment Status: _____ Full Time _____ Part Time

Employer:

Years with employer: _____

Years at Current Residence:

Please provide the following:

2020 Federal Tax Return

W-2's and/or 1099s

Child support

Disability

SSI

Food stamps/welfare

Housing assistance

Unemployment

Other Income

Proof of residency that shows your name and address - **must be dated - 2021**

Copy of student's birth certificate

Copy of your driver's license

\$35.00 application fee – cash or money order only