



# Stone Empire, LLC Finance Application

COURSE INFORMATION																	
COURSE NAME						LISTED COURSE COST			FINANCE AMOUNT REQUESTED								
						\$			\$								
APPLICANT INFORMATION																	
APPLICANT						CO-APPLICANT						RELATIONSHIP _____					
FIRST		MI		LAST		FIRST		MI		LAST							
FULL NAME						<input type="checkbox"/> SR <input type="checkbox"/> JR		FULL NAME						<input type="checkbox"/> SR <input type="checkbox"/> JR			
STREET ADDRESS				APT #		HOW LONG?		STREET ADDRESS				APT #		HOW LONG?			
						YRS    MOS								YRS    MOS			
CITY		STATE	ZIP		HOME PHONE			CITY		STATE	ZIP		HOME PHONE				
					(    )								(    )				
DATE OF BIRTH			AGE	SOCIAL SECURITY NUMBER					DATE OF BIRTH			AGE	SOCIAL SECURITY NUMBER				
/    /				-    -    -					/    /				-    -    -				
<input type="checkbox"/> OWN/BUYING		<input type="checkbox"/> LIVE WITH RELATIVES		MONTHLY PAYMENT				<input type="checkbox"/> OWN/BUYING		<input type="checkbox"/> LIVE WITH RELATIVES		MONTHLY PAYMENT					
<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> OTHER _____		\$				<input type="checkbox"/> RENT/LEASE		<input type="checkbox"/> OTHER _____		\$					
EMPLOYMENT																	
EMPLOYER NAME						HOW LONG?			EMPLOYER NAME						HOW LONG?		
						YRS    MOS									YRS    MOS		
EMPLOYER ADDRESS																	
POSITION/TITLE			WORK PHONE			GROSS ANNUAL INCOME			POSITION/TITLE			WORK PHONE			GROSS ANNUAL INCOME		
			(    )			\$						(    )			\$		
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE NEED NOT BE REVELED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT.				ANNUAL AMOUNT				ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE NEED NOT BE REVELED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS DEBT.				ANNUAL AMOUNT					
OTHER INCOME SOURCE:				\$				OTHER INCOME SOURCE:				\$					
PREVIOUS EMPLOYER OR SCHOOL						HOW LONG?			PREVIOUS EMPLOYER OR SCHOOL						HOW LONG?		
						YRS    MOS									YRS    MOS		
PREVIOUS EMPLOYER OR SCHOOL						HOW LONG?			PREVIOUS EMPLOYER OR SCHOOL						HOW LONG?		
						YRS    MOS									YRS    MOS		
REFERENCES																	
CREDIT REFERENCE #1						BALANCE			CREDIT REFERENCE #1						BALANCE		
						\$									\$		
CREDIT REFERENCE #2						BALANCE			CREDIT REFERENCE #2						BALANCE		
						\$									\$		
NEAREST RELATIVE (NOT LIVING WITH YOU)						RELATIONSHIP			NEAREST RELATIVE (NOT LIVING WITH YOU)						RELATIONSHIP		
ADDRESS				PHONE				ADDRESS				PHONE					
				(    )								(    )					
FRIEND OR RELATIVE #1				PHONE				FRIEND OR RELATIVE #1				PHONE					
				(    )								(    )					
FRIEND OR RELATIVE #2				PHONE				FRIEND OR RELATIVE #2				PHONE					
				(    )								(    )					
FRIEND OR RELATIVE #3				PHONE				FRIEND OR RELATIVE #3				PHONE					
				(    )								(    )					



Stone Empire, LLC  
**Finance Application**

SIGN

**PLEASE READ:** By submitting this form, I/we certify that the information provided on this application is, to the best of my/our knowledge, complete and accurate. I/we understand that the financial institution(s) will rely on this information to judge my credit worthiness, and will retain this application and information about me/us whether or not this application is approved. Further, I/we authorize an investigation of my credit and employment history. I/we authorize the lender to release information about its experience with me/us. I/we understand that false statements may subject me/us to criminal penalties.

By submitting this loan application, I/we acknowledge that I/we have read the legal information and the privacy policy. I/we authorize the financial institution(s) to receive and exchange information and investigate the references and data collected pertinent to my/our creditworthiness. I/We represent that the information I/we have given the institution(s) regarding my/our financial condition is complete and correct and that I/we have no present intention to file for bankruptcy. I/We will notify the financial institution(s) of any material adverse change in my/our financial condition.

I/We expressly grant the financial institution(s) the authority to call and/or e-mail me/us with questions related to this application.

CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT

X \_\_\_\_\_  
SIGNATURE OF APPLICANT  
  
\_\_\_\_\_  
PRINT NAME  
  
\_\_\_\_\_  
DATE

X \_\_\_\_\_  
SIGNATURE OF CO-APPLICANT  
  
\_\_\_\_\_  
PRINT NAME  
  
\_\_\_\_\_  
DATE

**FAIR CREDIT REPORTING ACT DISCLOSURE:** This application for credit may be submitted by the Training Academy to various financial institutions.

A consumer report is usually obtained and reviewed in the evaluation of an application. Upon request, you and the co-applicant, if applicable, will be informed whether a consumer report was requested and of the name and address of the credit reporting agency.