

OFFICE OF HAWAIIAN AFFAIRS
CONSUMER LOAN APPLICATION

AMOUNT REQUESTED: \$

LOAN PURPOSE:

PRIMARY APPLICANT (Must be resident of Hawai'i and of Native Hawaiian ancestry.)

Last Name	First	Initial	Social Security #	Birth Date	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
Home Address			Yrs. _____ Mths. _____ How long at this residence?	Home Phone	Cellular		
City	State	Zip	Number of Dependents	Email Address			
Mailing Address (If different from above.)			City	State	Zip		
Previous Address (If less than two years.)			City	State	Zip		

EMPLOYMENT INFORMATION

Employer	Phone	Position	Gross Monthly Income	\$	
Address			Yrs. _____ Mths. _____ How long at this job?		
City	State	Zip			
Previous Employer (If less than two years.)			Phone	Position	
Address			Yrs. _____ Mths. _____ How long at this job?		
City	State	Zip			
Other Income (Note: Alimony, child support, or separate maintenance may not be revealed if you choose not to have it considered.)			Other Gross Monthly Income	\$	

CO-APPLICANT INFORMATION (Check one) SPOUSE GUARANTOR

Last Name	First	Initial	Social Security #	Birth Date	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
Home Address			Yrs. _____ Mths. _____ How long at this residence?	Home Phone	Cellular		
City	State	Zip	Number of Dependents	Email Address			
Employer			Phone	Position		Gross Monthly Income	
Address			Yrs. _____ Mths. _____ How long at this job?				
City	State	Zip					
Other Income (Note: Alimony, child support, or separate maintenance may not be revealed if you choose not to have it considered.)			Other Gross Monthly Income	\$			

FINANCIAL INFORMATION AND OBLIGATIONS

Checking Account No.	Name of Institution	Savings Account No.	Name of Institution	Owed By	App	Co-app
Mortgage Holder/Landlord	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live w/Family <input type="checkbox"/> Other		Amount Owed	Monthly Pmt	<input type="checkbox"/>	<input type="checkbox"/>
List Creditors			Amount Owed	Monthly Pmt	<input type="checkbox"/>	<input type="checkbox"/>
List Creditors			Amount Owed	Monthly Pmt	<input type="checkbox"/>	<input type="checkbox"/>
List Creditors			Amount Owed	Monthly Pmt	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Name of Nearest Relative (Not Living With You)	Address	Phone
Personal Reference	Address	Phone
Personal Reference	Address	Phone

All applicants must sign this loan application and agreement. Primary applicant must provide a copy of their birth certificate or other proof of Hawaiian ancestry.

SIGNATURE(S) I certify that all of the information contained in this application is true and complete to the best of my knowledge and that I am 18 years of age or older. I grant OHA permission to obtain my credit report and verify all the information presented in this application. I also grant OHA permission to contact agencies and lending institutions to assist me in obtaining financing, and to disclose any and all information I have presented to any of these institutions. I further agree to provide OHA with additional information as requested.

Applicant's Signature

Date

Co-applicant's Signature

Date