



Line of Credit Application

Call us today at **1-888-228-4500**
to hear how we can help you!

7529 Standish Place, Suite 300 | Rockville, MD 20855 | Family Line: (888) 228-4500 | Fax: (888) 228-4520

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Loan Amount: \$ _____ For the Benefit of: _____
Community State: _____ Community Name: _____

*You have selected to apply: Individual Joint Credit

In all cases Complete Application and All Applicants Sign.

*You may apply for **Individual credit or joint credit**

Borrower Information

Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Ph: _____ Mobile Ph: _____

Marital Status: Married Single Email Address: _____

Time in Residence? Years: _____ Months: _____ Residence: Own Rent Est. Home Value: \$ _____

Driver's License #: _____ State Issued: _____

Employer: _____ Position: _____ Years on Job: _____

Annual Emp. Income: \$ _____

Other Annual Income: \$ _____ Total Annual Income: \$ _____

Spouse Information

Name: _____ SSN: _____ Date of Birth: _____

Home Phone: _____ Work Ph: _____ Mobile Ph: _____

Marital Status: Married Single Email Address: _____

Driver's License #: _____ State Issued: _____

Employer: _____ Position: _____ Years on Job: _____

Annual Emp. Income: \$ _____

Other Annual Income: \$ _____ Total Annual Income: \$ _____

Asset and Net Worth Information

Value of Residence: \$ _____ Total Assets: \$ _____

Liquid Assets: \$ _____ Total Liabilities: \$ _____

Retirement Assets: \$ _____ Net Worth: \$ _____

Signatures

By signing below, I certify the above information is true and complete, and I have read and understand the disclosures on this application. I (we) authorize Elderlife Financial Lending LLC to (1) verify my credit, income and employment references and from time to time to obtain additional information including credit reports, for the purpose of acting in this application or any request for additional credit or for any other legitimate purpose; and (2) answer questions and provide reports to others about their credit experience with me.

Signature:

Date

Signature:

Date

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT: To help the government find the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account