

# EMERGENCY LOAN APPLICATION

AMOUNT REQUESTED: \_\_\_\_\_ DATE : \_\_\_\_\_

NAME : \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
(LAST) (FIRST) (INT)

SSN : \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL HOME TELEPHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ EXPECTED GRAD. DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ (city) (state) (zipcode)  
BUSINESS TELEPHONE: \_\_\_\_\_

PLEASE LIST TWO (2) OTHER REFERENCES BELOW:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(city) (state) (zip)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(city) (state) (zip)

PURPOSE OF LOAN:  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND ACCURATE IN EVERY ASPECT. I HEREBY AUTHORIZE THE UNIVERSITY OF DENVER TO INVESTIGATE MY CREDIT HISTORY. I UNDERSTAND THAT IN THE EVENT OF MISREPRESENTATIONS OR OMISSIONS, THE UNIVERSITY OF DENVER RESERVES THE RIGHT TO TAKE ANY STEPS NECESSARY TO PROTECT THE INTEGRITY OF THEIR PROGRAMS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

A: DULFAPP 07/04