

Aerospace Loan Program 2017-18 Cosigner Loan Application



*This document must be completed by the cosigner.
Form must be complete—do not leave blanks.*

Aerospace Loan Program **Applicant's Name:**

Co-signer's relationship to applicant (cannot be applicant's spouse):

Cosigner's Information			
Legal Last Name:	First Name:	MI:	
Address:		SSN:	
City:	State:	Zip:	
Driver's License #:	State:	Phone:	
Birthdate:	Email:		
I am a U.S. Citizen, or an eligible non-citizen, legally able to work in the United States and can provide documentation upon request: <input type="checkbox"/> Yes <input type="checkbox"/> No			
To be eligible to cosign, you must answer "No" to all of the following questions:			
Are you delinquent on any federal/state debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you delinquent on child support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you filed a bankruptcy in the last seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
To the best of your knowledge, is your credit score is below 600?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any open collection accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CONSUMER CREDIT REPORT RELEASE FORM

PLEASE READ CAREFULLY

BY MY SIGNATURE BELOW I AUTHORIZE the **Washington Student Achievement Council** to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to authorization of the Aerospace Loan Program loan or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

By my signature below, I hereby authorize all former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, and persons to release all information they may have about me, including criminal history. This authorization shall be valid in original or copy form.

Cosigner Signature

Printed Name

Date

Mail to: WSAC/ALP, PO Box 43430, Olympia, WA 98504-3430
Questions? Contact: alp@wsac.wa.gov or 1-888-535-0747 Option 5