



Aerospace Loan Program

2018-19 Cosigner Loan Application

The cosigner—not the applicant—must complete this document.
Type or print legibly using blue or black ink. Do not use pencil.

Applicant's Information

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

Co-signer's relationship to applicant (must not be spouse): _____

Cosigner's Information

Last Name (Legal) _____
First Name _____
Middle Initial _____
Birthdate _____
Mailing Address (Street) _____
City, State, Zip _____
Social Security Number _____
Area Code/Telephone _____
Driver's License Number _____
Driver's License State _____
Email Address _____

I am a U.S. Citizen or an eligible non-citizen* and can provide documentation upon request:

Yes No If no, not eligible to cosign.

*Acceptable non-citizen status may include:

- Deferred Action for Childhood Arrivals (DACA)
- Permanent Resident (Alien Registration Receipt Card)
- Conditional Permanent Resident (I-551C)
- Arrival-Departure Record (I-94)
- Victim of Human Trafficking
- Other - Designation as: Victim of Human Trafficking, Refugee, Asylum Granted, Indefinite Parole, Humanitarian Parole, Cuban-Haitian Entrant, Citizen of Republic of Palau, Citizen of Republic of the Marshal Island, Citizen of Micronesia

Cosigner's Credit Eligibility

To be eligible to cosign, you must answer "No" to all of the following questions:

- Are you delinquent on any federal/state debt?** No Yes
- Are you delinquent on child support payments?** No Yes
- Have you filed a bankruptcy in the last seven years?** No Yes
- To the best of your knowledge, is your credit score below 600?** No Yes
- Do you have any open collection accounts?** No Yes

If you cannot answer **No** to each of the above questions, you are not eligible to cosign for this loan.

Cosigner's Approval for Credit Report and Certification

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 or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). This authorization shall be valid in original or copy form.

By my signature below, I certify that all of the information in this application is true and complete to the best of my knowledge.

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)