



MICHIGAN TELEWORK LOAN FUND APPLICATION

CO-APPLICANT INFORMATION

Applicant is a: Borrower Guarantor Cosigner Grantor Other _____

Credit Request:

Joint with Co-Applicant We intend to apply for joint credit:

Applicant Name: _____

Co-Applicant Name (Last, First, Middle Initial): _____

Home Address:	City, State, Zip:
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Home Phone:	Work Phone:	Birth Date:	Social Security #:
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Business Name (if applicable):			
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Business Street Address	City	State	Zip
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Business Mailing Address	City	State	Zip
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Principal Office Address (If Not Listed Above)	City	State	Zip
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Co-Applicant is:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Association | <input type="checkbox"/> Limited Liability Company |
| | <input type="checkbox"/> Trust | |

SCHEDULE OF COLLATERAL OFFERED BY THIS APPLICANT

Description	Value	Total Liens	Ownership Status for the Applicant	Creditor Name

Use Additional Sheet if Necessary

FINANCIAL AND INCOME STATEMENT SUMMARY

Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Total Assets	Total Annual Income
Total Liabilities	Total Annual Expenses
Net Worth	Net Annual Cash Flow

Attach Financial Statements

AUTHORIZED SIGNERS FOR THIS APPLICANT

Name	Title	Authorized	SSN #
Street Address	City	State	Zip
Name	Title	Authorized	SSN #
Street Address	City	State	Zip
Name	Title	Authorized	SSN #
Street Address	City	State	Zip

Use Additional Sheet if Necessary

PERSONAL FINANCIAL STATEMENT

MICHIGAN TELEWORK LOAN FUND

***Complete one of these sheets for each applicant. You may copy this sheet as many times as needed.**

Assets	Amount in Dollars
Cash - checking accounts	\$ -
Cash - savings accounts	-
Certificates of deposit	-
Securities - stocks / bonds / mutual funds	-
Notes & contracts receivable	-
Life insurance (<i>cash surrender value</i>)	-
Personal property (<i>autos, jewelry, etc.</i>)	-
Retirement Funds (<i>eg. IRAs, 401k</i>)	-
Real estate (<i>market value</i>)	-
Other assets (<i>specify</i>)	-
Other assets (<i>specify</i>)	-
Total Assets	\$ -

Liabilities	Amount in Dollars
Current Debt (<i>Credit cards, Accounts</i>)	\$ -
Notes payable (<i>describe on separate sheet</i>)	-
Taxes payable	-
Real estate mortgages (<i>describe on separate sheet</i>)	-
Other liabilities (<i>specify</i>)	-
Other liabilities (<i>specify</i>)	-
Total Liabilities	\$ -
Net Worth	\$ -

Signature: _____	Date: _____
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APPLICANT SIGNATURES
ACKNOWLEDGEMENT AND WAIVER AND RELEASE OF INFORMATION

I/We hereby apply for this loan or credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

I promise that everything I have stated in this application is correct to the best of my knowledge. I authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If I request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any loan application made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

I understand that if the piece of equipment breaks or is otherwise inoperable, I am still required to repay this loan.

I understand that it is my choice to purchase this piece of equipment.

I understand that the Option 1 Credit Union (Option 1) and the Michigan TeleWork Loan Fund (MTLF) are not recommending specific equipment for which I am requesting a loan. I understand that Option 1 and the MTLF are not responsible if the equipment does not work for me. I understand that Option 1 and the MTLF are not responsible for training me to use the equipment I want to purchase. I understand that obtaining this loan does not imply any type of warranty of the equipment that I purchase with the loan. Therefore, I can make no claims against Option 1 or the MTLF for defects in the device or for any accident or injury resulting from its use.

Since Option 1 and United Cerebral Palsy of Michigan have entered into an agreement to administer the Michigan TeleWork Loan Fund, I authorize Option 1 to furnish to United Cerebral Palsy of Michigan any information about me or my account, which Option 1 would give to me in the normal course of a business relationship.

Applicant:

By: _____ By: _____

By: _____ By: _____

