



Charlottesville-Albemarle Technical Education Center  
**CREDIT APPLICATION**

**APPLICANT INFORMATION**

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:

**REFERENCE INFORMATION**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**ADDITIONAL REFERENCES**

Name		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Nam		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		



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CREDIT CARDS			
Name	Current balance	Monthly payment	
AUTO LOANS			
Lender	Balance	Monthly payment	
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Amount	Monthly payment	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
Promissory Note Service Charges			
<b>Apprenticeship -</b>	<b>\$10.00</b>	<b>Pharmacy Tech</b>	<b>\$20.00</b>
<b>Cosmetology Apprentice</b>	<b>\$50.00</b>	<b>High School Programs</b>	<b>\$80.00</b>
<b>Dental Assistant</b>	<b>\$20.00</b>	<b>Cosmetology</b>	<b>\$100.00</b>
I authorize CATEC. to verify the information provided on this form as to my credit and employment history.			
Signature of applicant		Date	