

## **Small Dollar Loan Application Form**

Personal Information							
Full Name:		First	M.I.	Suffix			
Resident Status:	U.S. Citizen			Gamx			
	If Non-Permanent Resident, indicate Country of Citizenship:						
Date of Birth:			SSN:				
		Loan Inform	ation				
		Loan illioilli					
Loan Purpose:							
Payment of medical bills							
Payment of rent and utilities							
Payment of loans to banks/ other lending institutions							
Children's school fees							
Purchase of personal vehicles							
Other emergency	purposes (e.g., due to illi	ness of family members), រុ	please specify.				
Requested Loan		<b>-</b> "					
Amount: \$\frac{\$}{(No)}	te: \$2,500 maximum)		months): ge: 3-6 months – 7.5%; 7-9 months	– 9.75%; 10-12 months – 12%)			
		Contact Infor	mation				
Primary Phone Number	r (mobile preferred): _ <i>(F</i>	Please provide a U.S. Pl	hone Number)				
*If you wish to have an alternative phone number, kindly fill out below details.							
Alternate Phone Number (mobile preferred):  (Please provide a U.S. Phone Number)							
Email Address:							
Current Address:							
City:	Country:		Zip Code:				
*If you have a different Mailing Address:	mailing address, kind	ly fill out below deta	ils.				
City:	Country:		Zip Code:				

Occupancy Status:						
Rent						
Amount of Monthly Rent:						
Own						
Amount of Monthly Mortgage:						
Other						
How long have you lived at your current addre	ess?Years (Input 0,	, if less than 1 year) Months				
Financial Information						
Employment Status:						
Employed (If employed, kindly fill-out b	below details)					
Employer or Company Name:	Occupation/Position:					
Years in this line of work:	(Input 0 if less than 1 year)	Months in this line of work:				
Years in this position:	(Input 0 if less than 1 year)	Months in this position:				
Self-employed (If self-employed, kind	lly fill-out below details)					
Employer or Company Name:	nployer or Company Name: Occupation/Position:					
Years in this line of work:	(Input 0 if less than 1 year)	Months in this line of work:				
Years in this position:	(Input 0 if less than 1 year)	Months in this position:				
Retired (If retired, kindly fill-out below of	details)					
Employer or Company Name:	mployer or Company Name: Occupation/Position last held:					
(Provide the name of er	mployer from which you retired)					
Years in this line of work:	(Input 0 if less than 1 year)	Months in this line of work:				
Years in this position:*  *If you are retired, provide the years and/or months fro		Months in this position:				
ii you are retired, provide the years and/or months inc	om your last position)					
Unemployed						
Gross Monthly Income (before taxes):						
*If you have non-taxable or other sources of n	nonthly income, kindly fill out	t the details below.				
Non-taxable monthly income:	Source of non-taxable monthly income:					
Other Monthly Income:	Source of other monthly income:					

	Automatic Debit P	ayment			
Do you wish to sign up for	automatic debit payment?				
Yes (If yes, you ca	n avail yourself of a 0.25% annual in	erest rate reduction).			
Bank Name:	Account Na	ame:			
Account Type:	Checking Saving	ıs			
Account Number:	Routing Nu	ımber:			
Payment Amount:					
Amount due based on amortization schedule					
		(Amount due to be determined after loan is approved).			
		amortization, an extra monthly payment amount of the lender as borrower savings; can be withdrawnwritten request for withdrawal.			
No					
	Ciam of the				
and (iii) all information and document others with information about Lender's	s submitted are true, correct, and complete. The sig experience with the Applicant. The Applicant acknow	eliver this Application and the agreements set forth or referred to herein ner(s) authorizes Core Tech Capital, Inc. to provide credit bureaus and ledges that if additional information becomes available which would have a			
Signature of Applicant	Print Name	Date			

## Instructions

Submit this completed application form together with the following documents.

- Proof of Identity valid Driver's license or other proof of ID (You must be 18 years of age or older to apply)
- Proof of Social Security Number
- Proof of Residency
- All paystubs from most recent calendar month

Kindly compile application form and all the above requirements in one pdf file and upload in the Company website, <a href="https://www.coretechintl.com/">https://www.coretechintl.com/</a>. You may also send your requirements via e-mail: <a href="mailto:SDL@coretechintl.com/">SDL@coretechintl.com/</a>. If you wish to know more, kindly contact Ms. Elgie Galvan at 671-473-5000 ext 217. Financial education and credit counseling programs can also be offered to applicants. Please inquire if you are interested.