

All information must be filled out in its entirety

Personal Information

Name: First Middle Last			Date of Birth	Sex	SSN #	Drivers License #:	State
Address		Apt #	City		State	Zip	How long?
Is this a gated community? _____ Access code _____							
Home phone #		Phone is in whose name	Relation	Living with (check all that apply) ___ Spouse ___ Parents ___ Children ___ Friends		Marital Status ___ Single ___ Married ___ Divorced ___ Seperated	
Cell Phone #							
Landlord/Mortgage Co	Address	Phone		Do You? ___ own ___ rent ___ other: _____		Utilities in whose name?	

Employment Information

Current Employer:		Work phone	Ext	HR Phone	Ext	Shift/Hours	
Employer Address		City	State	Zip	Department/Title		Employee ID#
Supervisor Name	Supervisor Phone	Ext	Start date	Direct deposit? ___ yes ___ no	Monthly Gross Income	Monthly Net Income	
Paid: ___ Weekly ___ Bi-weekly ___ Monthly ___ Twice a month ___ Other: _____		List next four paydays					
___ Previous ___ Secondary Employer		Address	City	State	Zip	Phone	
Department/Title	Dates of Employment	Monthly Gross Income	Monthly Net Income	Professional License Held			

Bank Information *Optional*****

Name of Bank	Address	City	State	ZIP	Phone
Checking Account No	Branch Location	Date Opened	If joint account, with whom:		
Savings Account No	Branch Location	Date Opened	If joint account, with whom:		

Spouse/Domestic Partner's Information

Name: First Middle Last	Date of Birth	Department/Title	Work Phone		
Employer:	Employer Address	City	State	ZIP	

Please contact me first at (phone #) _____

Please contact me second at (phone #) _____

The name people recognize me by is: _____

Relatives

Mother's Name	Address	City	State	Phone # (with area code)
Father's Name	Address	City	State	Phone # (with area code)
Next Closest Living Relative	Address	City	State	Phone # (with area code)

References

Please list three people with phone numbers NOT listed above

Reference (1)	City	State	Relation	Phone # (with area code)
Reference (2)	City	State	Relation	Phone # (with area code)
Reference (3)	City	State	Relation	Phone # (with area code)

Vehicle Insurance Information ***Optional in some states***

Agent Name	Agent Phone #	Full Coverage ?	Insurance Company Name	Insurance Company Phone #
Address	City, State	Any Existing Liens?	Effective Date	Expires

Primary Driver: First,MI, Last	Address of Primary Driver	Date of Birth
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Other Information

Have you ever lived in a state other than this?	If yes, where?	How far do you live from our store?	Have you ever had a title loan before? _____ Yes or _____ No	Where?	
May we send mail to your home address? If no, must complete alternate address	Alternate Mailing Address - P.O. Box ?		City	State	ZIP
Email Address	Have you ever filed Bankruptcy? _____ Yes or _____ No		Chapter ?	Discharge Date?	
Name of Attorney?	Are you contemplating filing bankruptcy within next 6 mos? _____ yes _____ no		District	Date Filed?	

How did you hear about Lighthouse Financial? _____ If referred, who referred you? _____

I authorize, _____ at (phone number) _____ to:
_____ access information on account _____ make payments toward account balance

I hereby certify that the above information is true and accurate and authorize Lighthouse Financial Group to check my credit, employment and residential history: _____ Date: _____