

CO-MAKER APPLICATION

REQUIRED WITH ALL APPLICATIONS: FEE \$20.00 / COPY OF AR DL / COPY OF SOCIAL SECURITY CARD
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Student's Name _____ Relationship to Student _____

Co-Maker's Information

Name _____

Mailing Address (Physical) _____

SSN # _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home Phone # (____) _____ - _____ Cell Phone # (____) - _____ - _____

Email _____ DL # / State _____ / _____

Previous Address _____

Place of Employment _____

Address of Employment _____

Position Held _____ How Long _____

Work Phone # (____) _____ - _____ Annual Income \$ _____

Personal Reference - Name _____ Address _____

Home # (____) _____ - _____ Cell # (____) _____ - _____

Relationship to co-maker _____

I authorize release of my credit history from the credit bureau to Arkansas Rural Endowment Fund (AREF) and certify the above information is accurate and complete on this application.

Date _____ Signature of Co-Maker _____