

Clear Form



Application Data Sheet - Foundation Standard Payment Program

DEALER AND PROJECT INFORMATION

Today's Date _____ Product 1 _____ Product 2 _____
Product 3 _____ Dealer _____
Dealer Street Address _____ City _____ State _____ Zip _____
Sub Total \$ _____ Tax \$ _____ Down Payment \$ _____ UCC Fee \$ _____ APR (ex. 7.99) _____ % Term _____ months
Payment Factor (From factor sheet) _____ Existing Salal Loan Payoff _____
Applicant Marital Status: [] Married [] Unmarried [] Separated Joint Applicant Marital Status: [] Married [] Unmarried [] Separated
Membership Eligibility (Live or Work in WA State, Salal Foundation, or Peoples Memorial): [] Live [] Work [] Salal Foundation [] Peoples Memorial
Applying for: [] Individual Credit [] Joint Credit

GOVERNMENT ISSUED ID (DRIVER'S LICENSE, PASSPORT, MILITARY ID, ETC.)

Applicant: Government ID _____ State _____ Type _____ Issue Date _____ Expiration Date _____
Joint Applicant: Government ID _____ State _____ Type _____ Issue Date _____ Expiration Date _____

PROPERTY INFORMATION

Date Purchased _____ Purchase Price \$ _____ Current Value \$ _____ Payment \$ _____ Balance \$ _____
Address of Project Site _____ City _____ State _____ Zip _____

APPLICANT INFORMATION

Name _____ Social Security Number _____ Date of Birth _____ U.S. Citizen: [] Yes [] No
Do you: [] Rent [] Lease [] Own
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Previous Address _____ City _____ State _____ Zip _____
IF LESS THAN 2 YEARS AT PRESENT ADDRESS
Home phone _____ Cell Phone _____ Email _____
Mother's Maiden Name _____
Employer _____ Position _____ City _____ State _____
Gross Monthly Income \$ _____ Employed Since _____ Employer Phone _____
Previous Employer _____ From _____ To _____
IF LESS THAN 2 YEARS AT CURRENT EMPLOYER
Additional Income \$ _____ Source _____ From _____

JOINT APPLICANT INFORMATION

Name _____ Social Security Number _____ Date of Birth _____ U.S. Citizen: [] Yes [] No
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Previous Address _____ City _____ State _____ Zip _____
IF LESS THAN 2 YEARS AT PRESENT ADDRESS
Home phone _____ Cell Phone _____ Email _____
Mother's Maiden Name _____
Employer _____ Position _____ City _____ State _____
Gross Monthly Income \$ _____ Employed Since _____ Employer Phone _____
Previous Employer _____ From _____ To _____
IF LESS THAN 2 YEARS AT CURRENT EMPLOYER
Additional Income \$ _____ Source _____ From _____