

LENDING HAND INC.

SMALL LOAN APPLICATION

PERSONAL INFORMATION			
FIRST NAME	LAST NAME	MI	
MAIDEN NAME (IF APPLICABLE)	OTHER NAME(S) (IF APPLICABLE)		
CITIZENSHIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RESIDENTIAL STATUS <input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENT <input type="checkbox"/> WITH FAMILY	
DATE OF BIRTH	PLACE OF BIRTH		
SOCIAL SECURITY NUMBER			
PRESENT ADDRESS (UNIT No., STREET No., CITY, COUNTRY)		ZIP CODE	YEAR IN PRESENT ADDRESS
MOBILE NUMBER	EMAIL		
WORK/BUSINESS INFORMATION			
EMPLOYMENT STATUS <input type="checkbox"/> EMPLOYED WITH COMPANY <input type="checkbox"/> EMPLOYED GOVERNEMENT <input type="checkbox"/> RETIRED			
PRESENT EMPLOYER / BUSINESS NAME		PRESENT EMPLOYER ADDRESS	
EMPLOYER PHONE NUMBER	EMPLOYER HIRE DATE:	GROSS PAY (BEFORE TAXES) PER PAY PERIOD	PAY FREQUENCY
HIRE DATE	SUPERVISOR		
BANKING INFORMATION			
BANK NAME			
ACCOUNT NUMBER DIRECT DEPOSIT:			
ROUTING NUMBER DIRECT DEPOSIT:			
PRESENT ADDRESS (UNIT No., STREET No., CITY, COUNTRY)			ZIP CODE
PHONE NUMBER			
PERSONAL REFERENCES			
NAME	RELATIONSHIP	PHONE	
NAME	RELATIONSHIP	PHONE	
HAVE YOU BEEN LATE TO PAYING ANY SMALL LOAN PAYDAY LENDERS? YES NO IF SO WHY? _____			
HAVE YOU EVER HAD TO FILE BANKRUPTCY? YES NO WHEN? _____			
HOW DID YOU HEAR ABOUT US? _____			

Individual Application: Only Applicant will be obligated under the Revolving Loan Account Agreement

BY SIGNING THIS LOAN APPLICATION YOU HEREBY CERTIFY THAT YOU ARE REPRESENTING YOURSELF, ALL OF THE FOREGOING INFORMATION IS TRUE, AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. **WARNING: KNOWINGLY OR INTENTIONALLY MAKING A FALSE OR MISLEADING STATEMENT ON THIS LOAN APPLICATION MAN CONSTITUTE IN A CRIMINAL OFFENSE.** I hereby authorize Lending Hand Inc. to initiate payment authorization of ACH, debit, and/or RCC entries to my account for all payments due, including any returned unpaid item fees due, regarding the subject of this agreement and the Financial Institution at which my account is held to debit/credit the same to such account. This authority is to remain in full force and effect until Lending Hand Inc. and the subject Financial Institution have received written notification from me of it's termination in such time and in such manner as to afford Lending Hand Inc. and the Financial Institution a reasonable opportunity to act on it. I understand that I may cancel this authorization by providing wrtitten notice to the Lending Hand Inc. at least (3) business days prior to the payment due date. I further understand that canceling my authorization does not relieve me of the responsibility of paying all amounts due in full.

ALL UN-PAID LOANS ARE SENT TO COLLECTIONS AND WILL IMPACT FUTURE LOANS AND CREDIT

APPLICANT'S SIGNATURE	DATE
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Agreement # _____
 Agreement # _____
 Agreement # _____
 Agreement # _____

EMPLOYEE INITIALS _____
 EMPLOYEE INITIALS _____
 EMPLOYEE INITIALS _____
 EMPLOYEE INITIALS _____

