

Western Mercantile Agency, Inc.165 South 5th Street, Suite A

Coos Bay, Oregon 97420

541-267-7086

**CONSUMER AND SPOUSE INFORMATION**

Consumer's full name		Birthdate	Social Security Number			
Consumer's spouse full name		Birthdate	Social Security Number			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
Mailing Address		Street Address <input type="checkbox"/> Mark if Same		Main Contact Number(s): Cell Home Work		
_____		_____		_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
_____		_____		_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
City	State	Zip	City	State	Zip	Email Address: _____

EMPLOYMENT

Person Employed	Employer	Employer Phone No.	Monthly Net
			\$
			\$
			\$

MONTHLY HOUSEHOLD INCOME FROM OTHER SOURCES

Source	Monthly
Child Support / Alimony	\$
Federal Assistance Program	\$
Type _____ (ie Cash, Food Stamps, etc.)	
Pension / IRA / Annuity Cashout	\$
Social Security / social Security Disability	\$
Unemployment or Worker's Comp (Start Date: mm/dd/yy End Date: mm/dd/yy)	\$
Other Income (Stocks/Bonds/Annuities/Interest/Rental Property)	\$
Total Monthly Gross Income from Other Sources	\$

ASSET INFORMATION

Current Checking Account balance	\$
Current Savings Account balance	\$
Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as financial hardship, seasonal or temporary income, or personal loss.	

HOUSEHOLD MEMBERS

NAME	DATE OF BIRTH	RELATIONSHIP TO CONSUMER

PERSONAL REFERENCE

Name	Address	Phone Number

MONTHLY HOUSEHOLD LIABILITIES/EXPENSES

Type of Expense	Total Monthly:
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent – Landlord name:	\$
Grocery Expense	\$
Child Care	\$
Child Support / Alimony	\$
Utilities: Gas _____ Electric _____ Water / Sewer _____ Other _____	\$
Telephone: (Mobile/Cell/Home/etc.)	\$
Medication Expenses (co-pay / cash pay, etc.)	\$
Unpaid Medical Expenses (I.e. Doctor, dental, hospital, other providers). Please provide a detailed list with copies of most recent bills if available.	\$
Insurance Premiums: Health _____ Auto _____ Home _____	\$
Car Loan Payments Balance Owed \$	\$
Transportation (Bus, Taxi)	\$
Loan Payment Type: _____ Balance: _____	\$
Credit Card Payment(s)	\$
Total Balance(s) Owed:	

ADDITIONAL INFORMATION

You will need to supply verification of income from your employer or other sources for the last 90 days. (Copy of paystubs and bank statements. You will also need to provide receipts showing your expenses.

Documentation included: ☐ Paystubs ☐ Bank Statements ☐ Receipts ☐ Copies of medical bills ☐ Other documents

AGREEMENT

To the best of my/our knowledge all information supplied to Western Mercantile Agency, Inc. is correct. Upon acceptance of this financial statement we will be required to make monthly payments.

Consumer Signature	Date
Spouse Signature	Date

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.

* If you have any questions, please contact our office at 541-267-7086 or 1-800-526-3057.