



VETERINARY MEDICAL CENTER ANIMAL ASSISTANCE FUND APPLICATION

Name/Address

Name		Social Security Number	
Address:			
City:	State:	ZIP:	Phone: Work:
Own	Rent	(Please circle)	Monthly payment or rent How long?
Previous Address:			
City:	State:	ZIP:	Phone: Work:
Owned	Rented	(Please circle)	Monthly payment or rent How long?

Employment History

Employer:	Job Title:
Address:	Supervisor:
City:	State: ZIP: Salary:
Phone:	Date From: Date To:
Employer:	Job Title:
Address:	Supervisor:
City:	State: ZIP: Salary:
Phone:	Date From: Date To:

Source of Income	Total	Expenses	Total
Salary		Loans	
Bonuses & Commissions		Charge Account bills	
Income From Rental Property		Monthly Bills	
Investment Income		Real Estate Mortgages	
Other Income		Other Debts -- Itemize	
Total Income		Total Expenses	

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #	Savings Account #	Loan # Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Credit Cards

Name:	Account No.	Current Balance
Name:	Account No.	Current Balance
Name:	Account No.	Current Balance

BANKRUPTCY:

Have you gone bankrupt in the last five years? () Yes () No If yes, give date of assignment: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I further acknowledge that I am financially responsible for 20% of the total final invoice and a deposit of 20% of the low estimate will be necessary for approval VMCAAF qualification.

Signature

Date