



# Family Dental Health Services

## Application for Financing



Requested Amount \_\_\_\_\_ Email \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Residence? \_\_\_\_\_ Years \_\_\_\_\_ Months

(If Above Is Less Than 2 Years) Please list Former Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long at Residence? \_\_\_\_\_

Housing Type (Circle One)    Mortgage Loan    Rent    Own Free & Clear    Other

Monthly Payment \_\_\_\_\_

Employment Status (Circle One)    Employed    Unemployed    Retired    Self

Employer \_\_\_\_\_ Position \_\_\_\_\_

How Long at Employer? \_\_\_\_\_ Years \_\_\_\_\_ Months    Gross Monthly Income \_\_\_\_\_

(If Above Is Less Than 2 Years) Please list Former Employer \_\_\_\_\_  
How Long at Employer? \_\_\_\_\_ Years \_\_\_\_\_ Months    Gross Monthly Income \_\_\_\_\_

Additional Income (Income must be for applicant listed above only)

Source \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Co-Applicant? Please complete a separate Application Page for Co-Applicant