



Corporate Headquarters - 5508 Citrus Blvd. | Harahan, LA 70123 | 504.733.7274

beonpath.org

CREDIT APPLICATION

Solar Panel Program

IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

There is a \$100 Application Fee required to process your application for financing of your Solar Panel Installation

- CHOOSE APPROPRIATE LINE A. If you are applying for individual credit in your own name... B. If you are married and live in a community property state... C. If this is an application for joint credit with another person...

Section 1: APPLICANT

Have you ever filed bankruptcy? If yes, when?

Form for Section 1: APPLICANT. Fields include: APPLICANT'S NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ADDRESS, DRIVER'S LICENSE NO., CITY, STATE, ZIP, STATE, EXPIRATION DATE, HOME PHONE, E-MAIL, NAME OF NEAREST RELATIVE, PHONE NUMBER, MORTGAGE COMPANY/LANDLORD, RENT/MORT. \$, ADDRESS, CITY, STATE, ZIP, TIME AT RES., YRS?, MOS?, OWNING/BUYING, RENT, OTHER, NAME OF ANOTHER RELATIVE, PHONE NUMBER, PREVIOUS ADDRESS, CITY, STATE, ZIP, ADDRESS, CITY, STATE, ZIP, EMPLOYMENT, EMPLOYER'S NAME AND ADDRESS, BUSINESS PHONE NUMBER, OCCUPATION, TIME ON JOB YRS MOS, MONTHLY INCOME \$, PREVIOUS EMPLOYER'S NAME AND ADDRESS, OCCUPATION, TIME ON JOB YRS MOS, OTHER INCOME, SOURCE OF OTHER INCOME: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION. \$

Section 2: JOINT APPLICANT OR OTHER PARTY

Form for Section 2: JOINT APPLICANT OR OTHER PARTY. Fields include: JOINT APPLICANT OR OTHER NAME, RELATIONSHIP, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ADDRESS, DRIVER'S LICENSE NO., CITY, STATE, ZIP, STATE, EXPIRATION DATE, HOME PHONE NO., E-MAIL, NAME OF NEAREST RELATIVE, PHONE NUMBER, MORTGAGE COMPANY/LANDLORD, RENT/MORT. \$, ADDRESS, CITY, STATE, ZIP, TIME AT RES., YRS?, MOS?, OWNING/BUYING, RENT, OTHER, NAME OF ANOTHER RELATIVE, PHONE NUMBER, PREVIOUS ADDRESS, CITY, STATE, ZIP, ADDRESS, CITY, STATE, ZIP, EMPLOYMENT, EMPLOYER'S NAME AND ADDRESS, BUSINESS PHONE NUMBER, OCCUPATION, TIME ON JOB YRS MOS, MONTHLY INCOME \$, PREVIOUS EMPLOYER'S NAME AND ADDRESS, OCCUPATION, TIME ON JOB YRS MOS, OTHER INCOME, SOURCE OF OTHER INCOME: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE DISCLOSED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION. \$

Section 3: ASSET AND DEBT INFORMATION

Please provide any additional credit information not listed on your credit report you would like considered as a part of this Credit Application.

Form for Section 3: ASSET AND DEBT INFORMATION. Fields include: TYPE OF CREDIT, NAME OF COMPANY, NAME IN WHICH ACCT IS CARRIED, BALANCE, HIGH, MONTHLY PAYMENTS, PREVIOUS ASI CREDIT, LAST VEHICLE PURCHASED (MAKE, MODEL, YEAR), FINANCED BY, BANK REFERENCE, BRANCH ADDRESS, CHECKING, SAVINGS, ACCOUNT NUMBER, HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED?, DO YOU HAVE ANY SUITS PENDING AGAINST YOU?, HAVE YOU FILES BANKRUPTCY IN THE LAST 10 YEARS?

F.A.C.T. ACT DISCLOSURE: ASI MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT.

I certify that the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me. I have received a copy of this Credit Application.

Signature and Date fields for APPLICANT, JOINT APPLICANT/OTHER PARTY, and DATE.