Aerospace Loan Program 2020-21Cosigner Loan Application



The cosigner—**not the applicant**—must complete this document. **Type or print legibly using blue or black ink. Do not use pencil.**

Applicant's Information

Cosigner's Information

Last Name (Legal)	
First Name	
Middle Initial	
Social Security Number	
Mailing Address (Street)	
City, State, Zip	
Area Code/Telephone	
Birthdate	
Email Address	

I am a U.S. Citizen or an eligible non-citizen* and can provide documentation upon request:

 \Box Yes \Box No (If no, not eligible to cosign).

*Acceptable non-citizen status may include:

- Deferred Action for Childhood Arrivals (DACA)
- Permanent Resident (Alien Registration Receipt Card)
- Conditional Permanent Resident (I-551C)
- Arrival-Departure Record (I-94)
- Victim of Human Trafficking
- Other Designation as: Victim of Human Trafficking, Refugee, Asylum Granted, Indefinite Parole, Humanitarian Parole, Cuban-Haitian Entrant, Citizen of Republic of Palau, Citizen of Republic of the Marshal Island, Citizen of Micronesia

Cosigner's Credit Eligibility

To be eligible to cosign, you must answer "No" to all the following questions:

Are you delinquent on any federal/state debt?		🛛 Yes
Are you delinquent on child support payments?	□ No	🛛 Yes
Have you filed a bankruptcy in the last seven years?	□ No	🗆 Yes
To the best of your knowledge, is your credit score below 600?		🗆 Yes
Do you have any open collection accounts?		□ Yes

If you cannot answer **No** to each of the above questions, you are not eligible to cosign for this loan.

If you have no credit history, you cannot cosign for this loan.

Cosigner's Approval for Credit Report and Certification

By my signature below, I authorize the Washington Student Achievement Council to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to authorization of the Aerospace Loan Program or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). This authorization shall be valid in original or copy form.

By my signature below, I certify that all the information in this application is true and complete to the best of my knowledge.

Cosigner Signature

Printed Name

Date

Mail to: WSAC/ALP, PO Box 43430, Olympia, WA 98504-3430 Questions? Contact: <u>alp@wsac.wa.gov</u> or 1-888-535-0747 (Option 6)