



University of South Alabama
Federal Credit Union

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(251)706-0255 * Fax (251)706-0299
www.usafedcu.com

COLLEGE EXPENSE GUARANTOR APPLICATION

Student Applicant's name _____

INFORMATION ABOUT GUARANTOR(S) (Read before completing): *Completion of this section is required if:
The applicant is relying on the income or assets of another person or another person other than applicant will be contractually liable.*

Full Name _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____ Driver's License Number: _____ State: _____

Present Street Address: _____ City _____ St _____ Zip _____ Own Rent

How Long At This Address: _____ Phone Number: () _____ Cell Number () _____

Previous Street Address: _____ Own Rent

Present Employer: _____ Supervisor: _____

Present Employer's Address: _____ Phone Number: _____

Starting Date: _____ Present Job Title/Department: _____ Gross Monthly Salary: \$ _____

Previous Employer: _____ Previous Supervisor: _____

Previous Employer's Address: _____ Phone Number: _____

Starting Date: _____ Termination Date: _____

Name and Address of Closest Relative Not Living With You: _____ Phone Number: _____

**NOTICE- 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**

Source(s) of Other Income: _____ Other Income Monthly Total: \$ _____

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