



330 East Beltline N.E., Suite 100
Grand Rapids, Michigan 49506
Phone (616) 752-6235 Fax (616) 752-6324
Toll Free 1-888-752-RAWM (7296)

**** Please include last month's bank statement and proof of income. ****

Name: _____

DOB: _____

Account Number: _____

Current Balance: _____

Name of Person Responsible for Payment (Guarantor): _____
(please print)

Guarantor's Personal Information:

Social Security Number: _____ Birthday: _____

Address: _____ Phone: _____
(number & street) (area code first)

(city, state & zip)

Spouse/Significant Other's Personal Information:

Name: _____
(please print)

Social Security Number: _____ Birthday: _____

Address: _____ Phone: _____
(number & street) (area code first)

(city, state & zip)

Income Information

Name(s) of Persons in Household Working:

Employer(s):

_____	_____
_____	_____
_____	_____
_____	_____

List Total Gross Income in Household:

Monthly Total

Annual Total

Wages/Salary/Tips.....	_____	_____
Business or Farm Insurance.....	_____	_____
Public Assistance/Disability Payments.....	_____	_____
Social Security.....	_____	_____
Unemployment Compensation.....	_____	_____
Worker's Compensation.....	_____	_____
Union Benefits.....	_____	_____
Alimony.....	_____	_____
Child Support.....	_____	_____
Military Family Allotments.....	_____	_____
Pensions/Retirement.....	_____	_____
Income from Dividends, Rent, Other.....	_____	_____
Total.....	_____	_____

List Persons Dependent on this Income:

Name

Relationship

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number of People Supported by this Income (include self): _____

Household Expenses

	Monthly Payments	Outstanding Balances
Rent/Monthly Housing Payment	\$ _____	\$ _____
Property Taxes (if not included above)	\$ _____	\$ _____
Utilities (electricity, heat, phone, etc.)	\$ _____	\$ _____
Food & Clothing	\$ _____	\$ _____
Insurance (medical, car, house, life)	\$ _____	\$ _____
Transportation/Car Payments	\$ _____	\$ _____
Others:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total:	\$ _____	\$ _____

Other Assets

1. Do you own or are you buying any real estate other than your primary residence? ___ Yes ___ No
- | | | |
|--|------------------------|----------|
| | Estimated Resale Value | \$ _____ |
| | Balance Owed | \$ _____ |

Address(es) of Other Real Estate:

2. Do you have cash on hand or money in a savings or checking account? ___ Yes ___ No
- | | | |
|--|------------------|----------|
| | Estimated Amount | \$ _____ |
|--|------------------|----------|

3. Do you own stocks/bonds/securities? ___ Yes ___ No
- | | | |
|--|------------------|----------|
| | Estimated Amount | \$ _____ |
|--|------------------|----------|

4. List vehicles owned (include cars, trucks, snowmobiles, R.V.'s, motorcycles, etc.):

List Type of Vehicle and Model:	Year:	Balance Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. List value of other assets not previously listed:

Item:	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I request RAWM to determine if I am eligible for financial assistance. I understand that RAWM may verify my income, family size and monthly living expenses. I also understand that if I submit false information, I will not be eligible for discounted services.

I affirm that the above information is true, correct and complete to the best of my knowledge. I also authorize RAWM to request, if necessary, credit bureau reports on myself and family.

Signature of Guarantor

Date of Application