



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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