



SHADOW MOUNTAIN
— R E C O V E R Y —
A Continuum Of Care

FINANCING APPLICATION

Fax (505-212-0260) Call (925-838-6260) Email: rholum@shadowmountainrecovery.com

Amount requested	Referring Doctor / Mental Health Professional	Referral Date	Doctor Phone / Mental Professional Phone
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APPLICANT

First	Int.	Last	Birthday	SSN#		
Current Address	City	State	Zip	Home Phone	How Long	Payment Monthly
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other				<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Email Address				Any Bankruptcies If Yes Year		
Employer	Position		Gross Mo Income	Phone	How Long	
Additional Income *	Source		Mother's Maiden Name			

CO-APPLICANT

First	Int.	Last	Birthday	SSN#		
Current Address	City	State	Zip	Home Phone	How Long	Payment Monthly
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Parents <input type="checkbox"/> Other				<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Email Address				Any Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Year		
Employer	Position		Gross Mo Income	Phone	How Long	
Additional Income *	Source		Mother's Maiden Name			

*You do not have to disclose alimony, child support or other maintenance payments unless you want them considered for obtaining this loan.

REPRESENTATIONS & SIGNATURES

You represent that all information in this application is accurate, that you are competent to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involves you. We are not obligated to grant you credit and we may retain this application whether or not credit is granted. You authorize us to obtain information concerning your credit standing and other relevant information impacting on this application. Except otherwise prohibited by law, you consent that we (Shadow Mountain Recovery or its affiliated lenders) may share this information about you for the purposes of evaluating your application for credit.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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