



OF SOUTHERN OREGON

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 Medford, OR 97504
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Client name (1):

First Name Middle Name Last Name

Client name (2):

First Name Middle Name Last Name

Client(1) : Age:

DOB:

mm/dd/yy

Client(2) : Age:

DOB:

mm/dd/yy

Mailing Address:

Space /Apt#

City:

State

ZIP

Home Phone:

Cell Phone:

Work Phone

E-Mail Address:

II. Dependents *(List all dependents living in your household)*

Name	Age	Name	Age
1.		4.	
2.		5.	
3.		6.	

III. Employment

Client (1) Employer:

Occupation:

Years:

Gross Pay (\$):

Net Pay (\$):

Pay Days:

Total Additional Income (\$):

Gross Pay (\$):

Net Pay (\$):

Retirement/Pension

Social Security/Disability

Alimony/Child Support

Other (mention)

Client (2) Employer:

Occupation:

Years:

Gross Pay (\$):

Net Pay (\$):

Pay Days:

Total Additional Income (\$):

Gross Pay (\$):

Net Pay (\$):

Retirement/Pension

Social Security/Disability

Alimony/Child Support

Other (mention)