

APPLICATION

1 Race	<input type="checkbox"/> Black, Continue	<input type="checkbox"/> Other, STOP NOW
2 Height / At Least 5' 10"	<input type="checkbox"/> Yes, Continue	<input type="checkbox"/> No, STOP NOW
3 Have You Been Convicted Of A Felony	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
4 Have You Been Treated For Mental Illness	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
5 Have You Been Treated For Any STD'S	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
6 Have You Ever Declared Bankruptcy	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
7 Have You Ever Been Sued	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
8 Do You Know What The Inside Of A Jail Cell Looks Like	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
9 Has Your Lady Ever Called The Police Out On You	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
10 Do You Agree To A Polygraph Test	<input type="checkbox"/> Yes, Continue	<input type="checkbox"/> No, STOP NOW
11 Marital Status	<input type="checkbox"/> Single, Continue	<input type="checkbox"/> Married, STOP NOW
12 Children	<input type="checkbox"/> No, Go To Q. 13	<input type="checkbox"/> More Than 3, STOP NOW

	Name	Custody	Child Support		# Of Missed/Late Payments In Past Year	Baby Mamma	
		Yes/No	\$ Amount	\$ You Pay		Name	Contact Information
Child 1							
Child 2							
Child 3							

13 Monthly Expenses	Rent/Mortgage		Credit Cards	
	Insurance/Tax		Utilities	
	Car Payment		Child Support/Alimony	
	Car Insurance		Loans	

14 Monthly Income	Gross Salary		Other Income	
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15 Financial Capability ~ Expenses / Income > .45	<input type="checkbox"/> No, Continue	<input type="checkbox"/> Yes, STOP NOW
16 Do You Have Have Documented Financial Accounts	<input type="checkbox"/> Yes, Continue	<input type="checkbox"/> No, STOP NOW

Type Of Account	Institution Name	Account Number
Checking		
Checking		
Savings		
IRA		
401K		
Certificates Of Deposit		

17 Personal	Date Of Birth		Insurance Provider	
	Social Security Number		Primary Doctor	
	Drivers Liscense #		Current Medication	
	Place Of Employment		Current Medication	

I proclaim under penalty of law that the information provided on this application is true and accurate to the best of my ability. I authorize any person, or consumer or credit reporting agency, to provide Jill with any information it has on me or the entity on whose behalf I make this application. I authorize Jill to: (1) compile credit or other related information about me, (2) periodically obtain and use my credit report and other credit information from any source, (3) obtain an extensive criminal background check, and (4) obtain any medical records that may be deemed necessary. I also understand that by accepting this application Jill does not guarantee or imply any type of involment. Jill's decision is FINAL and there is no option for an appeal.

Name
Signature
Date