

Discretionary Loan Application

Name: _____

Address: _____

Telephone: _____

Enrollment Number: _____

Social Security #: _____

Are you at least 20 years of age? _____ Yes _____ No

Amount Requesting: _____

District: _____

By signing below I authorize OMB loan staff to access Enrollments, Emergency Assistance, Housing and financial court records to ensure qualification for this loan. All personal and financial information obtained, will be kept strictly confidential along with this application.

Signature: _____

Comments: _____
