



Francisco Javier Cisneros Lopez MD

# Application Form

(Patient)

Fax: toll free 1-866-811-6433

Loan amount

First Name

Middle Initial

Last Name

E-Mail address

Social Security Number

Current Address

City

State

Zip

Date of Birth

m

d

y

Home Phone including area code

Time at current address

yrs

Months

Housing

own

Monthly rent/mortgage

rent

Current Employer

Position

Gross Income/yearly

Time at current employer

yrs

Months

Business Phone including area code

Employment address

City

State

Zip

Other Income (Including Spouse)

Source of other Income

Have you declared bankruptcy?

Yes

No

If so When?

year

### COMPLETE IF YOU HAVE MOVED IN THE LAST 3 YEARS

Previous Address

City

State

Zip

Time at previous address

yrs

Months

### COMPLETE IF YOU HAVE CHANGED JOBS IN THE LAST 2 YEARS

Previous Employer

Position

Time at previous employer

yrs

Months

Previous employer address

City

State

Zip

Doctor Name

Surgery Date

Do you have a co-signer ?

If so please ask your doctor's office for an extra copy of an application or make a extra copy and fax it with co-signer info. And specify on top as co-signer .

With my signature, I authorize Citerra Financial and their associates to run a credit report and verify the given information that is provided. I understand that Citerra Financial is a loan processing company and on my behalf does not approve, deny or set any rate or terms, guarantee loans or discriminate against anyone for any reason. I fully understand that my credit will be presented to multiple lenders. I may be charged a processing fee which may become a part of the principle balance. I agree to "hold harmless" Citerra Financial from any legal actions that might result of a disputed matter with my service provider or lender.

Applicant signature

Date