



**Health Alliance
Federal Credit Union**
In Service to the Community

230 Highland Ave, Somerville, MA 02143
Tel: 617.591.6709, 6710 Fax 617.591.6711

CO-MAKERS STATEMENT

NAME _____ D.O.B. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SOCIAL SECURITY # _____

EMPLOYER _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE EMPLOYED _____ POSITION _____ SALARY _____

Please attach 2 current paystubs.

Are you a co-maker of any other loan? Yes ___ No ___

If so describe _____ Length _____

Real Estate owned at reasonable market value? _____

Mortgage or Rent Payments \$ _____ Total Indebtedness \$ _____

List all debts / monthly payments and credit references

I certify that all above statements are true and complete and submitted for the purpose of obtaining credit. I have no other debts. I authorize the Health Alliance Federal Credit Union to obtain any information that you may require concerning these statements.

SIGNATURE _____ Date _____