

PREACHERS' AID SOCIETY OF NEW ENGLAND

A United Methodist Organization

# Higher Education Loan Program

The information you provide will help greatly in processing your request. Be assured that this information will be kept strictly confidential. Please print and use back if needed

Name	Date				
Address					
City	State, Zip	County			
Telephone Work	Phone	Email Add	lress		
Social Security Number:	al Security Number:		Date of Birth:		
Please check one: Ordained Elder Ordained Deacon Provisional Member Full time Local Pastor Other (Describe) My full-time appointment(s) for the past three years (July 2016 – July 2019) has/have been: (please list)					
Personal Financial Information					
Current Salary per month (Gross):		_			
<u>Assets</u>					
Balances in Checking Account Savings Account					
Other (Please descri	be)				
List items owned and location of pro	perty (auto, car, boat, b	onds, real estate	)		
Item	Market Value		Pledged as collateral for another loan?		



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## **Debts**

List current monthly payments (Include credit union, charge cards, department stores, auto, etc, but not student loans)

Creditor	Monthly payment	Check if past due

If a "yes" answer is given to one of the following questions, explain on an attached sheet

	Yes	No
Do you have any outstanding judgments?		
Have you ever filed for bankruptcy or had a debt adjustment plan confirmed		
under Chapter 13?		
Have you had property foreclosed upon or repossessed in the last 7 years?		
Are you a party in a lawsuit?		
Are you other than a U.S. Citizen or permanent resident alien?		
Are you a co-maker, co-signor or guarantor on any loan not listed above?		

For Whom (Name of others Obligated on Loan): To Whom: (Name of Creditor):

# **Student Loan Information**

Loans are from attending school at \_\_\_\_\_

Institution

Year graduated	Degree Earned
(to be eligible your graduation	a date must be prior to July 2016)



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### **Current Lenders for Education Loans**

Lender	Current Balance	Number of Payments remaining (or years)

Please list any additional lenders on the back

Current **total** monthly payment(s) on education loans listed above:

You are responsible for submitting along with this application a "paper trail" (such as a copy of current statement or original loan documents) sufficient to document that these are residual education loans.

#### Total amount to be refinanced:

(We realize this may change as payments are made through June 2020) Term for which you would like to refinance education debt (# of vears): Please sign this application and have it notarized.

Mail the completed application along with any supporting documentation to:

**Preachers Aid Society** 51 Charles Wesley Dr. Wells ME 04090

All applications for this period of consideration are due by April 15, 2020. PAS will respond after May 10<sup>th</sup> letting you know if your application was approved and under what terms PAS will assist in refinancing your loans. Checks to your current lending institution(s) to pay off the balance(s) on your educational loans will be mailed out between June 1<sup>st</sup> and June 15<sup>th</sup>, 2020. The first payment on your new loan will be due on July 1, 2020, and on the first day of each month thereafter until the loan is paid in full.

I hereby apply for the refinancing of my higher education residual loan balances under this program of the Preachers' Aid Society of New England. I further certify that I have read the supplemental information provided covering the terms and conditions of this loan and I will abide by them. I give the Preachers' Aid Society of New England permission to run a credit report.

Signed: (borrower) Notary:

Dated: