



Loan Reapplication Form

Please complete both sides

General Information

Semester applying for: _____

Student's name _____ Social Security # _____

Student's college address _____
(Street) (City) (State) (Zip)

Student's home address _____
(Street) (City) (State) (Zip)

Student's college phone # _____ Student's home phone # _____

Student's e-mail address _____

Marital status: ___ Never married ___ Married ___ Separated ___ Divorced ___ Widow(er)

Spouse's name _____ Social Security # _____

Spouse's employer _____

Dependent children names and ages _____

Student's employer _____ Position _____

Hours worked per week _____ Wage earned per hour _____

Employer's address _____ Phone _____
(Street) (City) (State) (Zip)

Institution Attending _____

Major _____ Expected graduation date _____

Total # of semester hours completed _____ Cumulative grade point average _____

Number of hours enrolled for this budget period _____ Degree Seeking _____

Have you filed a degree Plan? Yes _____ No _____

Father's name _____ Phone number _____

Father's employer _____ Phone number _____

Father's e-mail address _____

Father's address _____
(Street) (City) (State) (Zip)

Mother's name _____ Phone number _____

Mother's employer _____ Phone number _____

Mother's e-mail address _____

Mother's address _____
(Street) (City) (State) (Zip)

Names and ages of brothers and sisters _____

Number of family members who will also be attending college this year _____

Friends and Relatives

List friends and/or relatives who will always know where you are:

Name	Address (Street, City, Zip)	Phone Number	Relationship to Student

Statement of Indebtedness: List all debts such as auto loans, real estate loans, credit card debt, etc.

Name of Company	Reason for Debt	Balance	Monthly Payment

Do you drive a car or a truck? _____ Make _____ Model _____ Year _____

I/We certify that all statements made herein are true and complete to the best of my/our knowledge and are submitted for the purpose of obtaining credit. I/We hereby authorize Opportunity Plan, Inc. to investigate any reference, credit data or statement made in connection with this application and to obtain a consumer credit report to check my/our credit standing.

Date _____

(X) _____
Signature of Applicant

Date _____

(X) _____
Signature of Parent or Spouse



Budget Blanks for Opportunity Plan Students

Name _____ Date _____ Semester _____

Social Security # _____ Institution Attending _____

List the expenses that you expect to incur during the UPCOMING SEMESTER and any money that you will have available during the semester to help meet these expenses. If you have questions, please contact OPI at the contact information located at the bottom of the page.

Expenses

- _____ Tuition and Fees
- _____ Room and Board
- _____ Books and Supplies
- _____ Clothes
- _____ Life/Health Insurance
- _____ Installment Payments (Credit Cards, auto, etc.)
- _____ Please itemize: _____
- _____ _____
- _____ _____
- _____ Car expenses (gas, tires, etc.)
- _____ Phone
- _____ Rent
- _____ Utilities
- _____ Groceries
- _____ Supplementary Food
- _____ Child Care
- _____ Miscellaneous
- _____ Please Itemize: _____
- _____ _____
- _____ _____
- _____ Total Expenses

Income

- _____ Income from Parents
- _____ Cash on Hand
- _____ Savings
- _____ Summer Earnings
- _____ Work Income
- _____ Federal Grants (Pell, etc.)
- _____ Subsidized Stafford Loans
- _____ Unsubsidized Stafford
- _____ PLUS / other federal loans
- _____ Scholarships (list below and indicate if renewable.)
- _____ _____
- _____ _____
- _____ Income Tax Refund
- _____ Social Security Benefits
- _____ Veteran Benefits
- _____ Other Income (Itemize Below)
- _____ _____
- _____ _____
- _____ Total Income

Total Expenses: _____

Total Income: _____

Expenses (-) Income = _____

Is the difference between your incomes and expenses the amount you need to borrow?

____ Yes ____ No

If not, what amount do you need to borrow? \$ _____