

**FEDERAL PLUS LOAN (PARENT LOAN)**

PRE-APPROVAL APPLICATION

800.949.6371

FAX: 1.956.971.3321

LENDER SELECTION

SOUTH WEST RESEARCH CENTER FCU - 829509

BORROWER PARENT INFORMATION

FIRST NAME M.I. LAST NAME DOB (MM/DD/YY) SS#

US CITIZEN YES NO IF NO # _____

PERMANENT STREET ADDRESS – APT# CITY/STATE ZIPCODE

HOME PHONE WORK PHONE ALTERNATE PHONE
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HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS? DRIVERS LICENSE # STATE

STUDENT INFORMATION

FIRST NAME M.I. LAST NAME DOB(MM/DD/YY) SS#

SCHOOL INFORMATION

NAME OF SCHOOL LOAN PERIOD: FROM (MM/DD/YY) TO (MM/DD/YY) AMOUNT REQUESTED \$

I understand that this is an application for pre-approval only for a Federal PLUS loan through the lender indicated above. I hereby grant permission to the lender or its agent indicated above to perform a credit history analysis as part of my pre-approval process for loans under the Federal PLUS loan program. I authorize the release of my credit evaluation results to the above-indicated school to receive notification of my tentative approval/denial. The pre-screening process does not guarantee eligibility for a Federal PLUS loan. This is not a loan application. I understand that I must complete and submit a Federal PLUS loan application to the school for processing by the lender indicated above within 30 days of PLUS loan pre-approval. The financial aid office will determine the parent's eligibility for a PLUS loan and the amount. Please consider a faxed copy of my signature proper authorization.

BORROWER PARENT SIGNATURE

DATE

LENDER'S USE ONLY

APPROVED

DENIED

AUTHORIZED LENDER

DATE