

## **CEAL PROGRAM FINANCIAL STATEMENT - COSIGNER INFORMATION**

BANK OF NORTH DAKOTA STUDENT LOANS SFN 62533 (12-2024)

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Cosigner Name (first, middle, last)	Social Security Number	Date of Birth (mm/dd/yyyy)				
Street Address	City	State	ZIP Code			
Telephone Number (include area code)		•				
Current Employer Name	Position/Title	Monthly Gross Income				
Employer Street Address	City	State	ZIP Code			
Employment Start Date (mm/dd/yyyy)	Additional Monthly Income to be Considered *	Source of Income				

OUTSTANDING DEBT PAYMENT (do not include insurance, utilities or normal monthly household bills) - if you require additional space, make a copy and attach the additional page

Monthly Debts	Monthly Payment	Total Owed	Name of Creditor
Rent *			
Mortgage Payment			
Child Support/Alimony			
Auto Loan			
Auto Loan			
Bank/Credit Union Loan			
Bank/Credit Union Loan			
Credit Card			
Other			
TOTAL MONTHLY DEBT			
Student Loan			
TOTAL STUDENT LOAN DEBT			

## Provide the following documents, if applicable:

- Most recent federal income tax return (provide supporting documentation when applicable, e.g., Schedule K-1)
- Two most recent pay stubs from your current employer
- \* Documentation on any additional income you would like considered
- \* Rental Agreement

Cosigner Signature	Date (mm/dd/yyyy)