



CUSTODIAL FUNDING
PRIVATE STUDENT LOAN CONSOLIDATION/REFINANCE APPLICATION

SECTION 1

Last Name: _____ First Name: _____

Social Security Number: ____ - ____ - ____ (Last 4 Only)

Street address: _____

City, State, Zip: _____

Telephone: _____ Wireless: _____ Email: _____

SECTION 2

Loans You Want To Consolidate/Refinance

Loan Code	Loan Holder/Service Name and Address	Acct#	Amount

SECTION 3

a. Total Monthly Income: _____

b. Total Monthly Expenses: _____
(Not Including Student Loan Payment)

c. Net Monthly Income (a minus b): _____

Borrower's Signature: _____

Today's Date: _____