

**Students Loan Bureau
Statement of Affairs**

NAME	Last Name <input type="text"/>	First Name <input type="text"/>	M.I. <input type="text"/>
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Guarantor TRN

Date of Birth	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Day</td> <td style="width:10%;">Month</td> <td style="width:10%;">Year</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Sex</td> <td style="width:10%;">Male</td> <td style="width:10%;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="width:10%;">Female</td> <td style="width:10%;"><input type="checkbox"/></td> </tr> </table>	Sex	Male	<input type="checkbox"/>		Female	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">Martial Status</td> </tr> <tr> <td style="width:15%;">Single/Divorced/ Widowed</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">Married</td> <td style="width:15%;"><input type="checkbox"/></td> </tr> <tr> <td>Common Law</td> <td><input type="checkbox"/></td> <td>Separated</td> <td><input type="checkbox"/></td> </tr> </table>	Martial Status				Single/Divorced/ Widowed	<input type="checkbox"/>	Married	<input type="checkbox"/>	Common Law	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Day	Month	Year																									
<input type="text"/>	<input type="text"/>	<input type="text"/>																									
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Single/Divorced/ Widowed	<input type="checkbox"/>	Married	<input type="checkbox"/>																								
Common Law	<input type="checkbox"/>	Separated	<input type="checkbox"/>																								

Phone Number	Home <input type="text"/>	Work <input type="text"/>	Cell <input type="text"/>
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E-Mail

Name of Spouse	Last Name <input type="text"/>	First Name <input type="text"/>	M.I. <input type="text"/>
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Number of Dependents	<input type="text"/>	Guarantor's Relationship to applicant	<input type="text"/>
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Present Address	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
	<input type="text"/>	Own/Rent	<input type="text"/>	year	<input type="text"/>	months

Previous Address	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
	<input type="text"/>	Own/Rent	<input type="text"/>	year	<input type="text"/>	months

Present Employment	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
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Employment address

Occupation/Position	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
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Previous Employment	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
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Name of Spouse's Place of Employment	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
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Occupation/Position of spouse	<input type="text"/>	How Long	<input type="text"/>	year	<input type="text"/>	months
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