



## GUARANTOR LETTER OF INTENT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Your name has been submitted by \_\_\_\_\_ (applicant)  
 as willing to co-sign a promissory note securing a loan from the State of Wisconsin, Department of Veterans Affairs,  
 in the amount of \$ \_\_\_\_\_ .

**You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.**

**You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which may increase this amount.**

**The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record.**

If the loan request is approved, a promissory note will be prepared for your signature as guarantor for the loan. By signing below you indicate your willingness to guarantee payment of the applicant's loan, and you authorize the Department of Veterans Affairs to verify the information provided on this form by contacting any source deemed necessary. You also authorize the Department to obtain credit information about you from a credit reporting agency. You also authorize the Department to discuss your credit and any information obtained from this application or sources contacted by the Department with the applicant for this loan.

If this is acceptable to you, please sign your name in the space provided and furnish the additional information as indicated below. This information is used to qualify you as a loan guarantor and must be filled out completely.

**If you are married and your spouse chooses not to complete a separate Guarantor Letter of Intent, he or she will have to sign the Spousal Consent form (WDVA 2105).**

### Personal Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Last Name		Suffix (Jr, Sr)	First Name		Middle Name	
Present Street Address				City		State	Zip	<input type="checkbox"/> Rent <input type="checkbox"/> Own \$ _____ (Rent)
Date of Birth		SS#		# Dependents	Home Phone		How Long? Yrs _____ Mos _____	
Cell Phone #		E-Mail Address			Marital Status		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried   No. of months	

### Current Employment

Employer Name				<input type="checkbox"/> Self-Employed		Yrs Employed in this Line of Work	
Employer Address				City		State	Zip
Type of Business		Start Date with Current Employer		Position/Title		Business Phone	

### If Employed in Current Position for Less than Two Years, Complete the Following

(Also additional current employment information if more than 1 current employment income source.)

Employer Name	City	State	Type of Business	Position Title	Date From	Date To
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