

# REFERENCE LIST

## *American Acceptance Corporation*

APPLICANT NAME(S) \_\_\_\_\_  
 \_\_\_\_\_

**Min. 6 references required for funding**

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>STREET ADDRESS ONLY</u>	<u>CITY</u>	<u>STATE/ZIP</u>	<u>PHONE NUMBER</u>
Father					
Mother					
Spouse's Father					
Spouse's Mother					
Brother					
Sister					
Spouse's Brother					
Spouse's Sister					
Child (over 18)					
Other Relative					
Friend					
Friend					
Neighbors					
Neighbors					
Other					

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Dept or Ext Number \_\_\_\_\_

Email Address \_\_\_\_\_