

OPTIMA FINANCIAL SOLUTIONS INC

Application

Requirements:

- Identification.
- 1 Recent Bank Statement.

APPLICANT INFORMATION

Last Name: Coroy		First Name: Mireya		SSN/ITIN: 624184909
Address: 3541 1/2 Locke Ave				Identification Number: B4377716
City: Los Angeles		State: CA	Zip Code: 90032	DOB: 08/16/1975
Cellphone: (626) 491-3900	Alternative Number:		e-Mail: mireyacoroy@gmail.com	
Where did you hear about us? Online			Loan Amount: \$255.00	

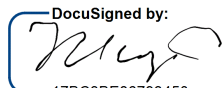
EMPLOYMENT INFORMATION**Primary**

Company Name: IHSS		Occupation: Caregiver		
Company Address:				Monthly Income: \$2,190.00
City:	State:	Zip code:	Phone:	

Secondary (IF APPLY)

Company Name:		Occupation:		
Company Address:				Monthly Income:
City:	State:	Zip code:	Phone:	

By signing this application, the information provided in this application is correct and complete. I authorize Optima Financial Solutions Inc to obtain any credit information. The information of this application is to obtain a loan.

DocuSigned by:

 17BC3BE86793450...

Signature of Applicant

6/20/2022

Date

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