

LOAN APPLICATION

Amount Requested \$
Member Account Number

PLEASE NOTE: IF YOU ARE APPLYING FOR CREDIT IN YOUR NAME ONLY, DO NOT COMPLETE PORTION ON CO-APPLICANT

Applicant Name (Last – First – Middle)				Co-Applicant/Co-Signer Name (Last – First – Middle)			
Home Address (Street & No.)			How Long?	Home Address (Street & No.)			How Long?
City, State, Zip				City, State, Zip			
Previous Home Address			How Long?	Previous Home Address			How Long?
Home Phone No.	Birth Date	No. of Dependents Ages		Home Phone No.	Birth Date	No. of Dependents Ages	
Social Security No.			Driver's License No. & State	Social Security No.			Driver's License No. & State
Mother's Maiden Name		Hourly Rate \$	Monthly Pay \$	Mother's Maiden Name		Hourly Rate \$	Monthly Pay \$
Employer		Position	How Long?	Employer		Position	How Long?
Business Address / Phone				Business Address / Phone			
Previous Employer		Position	How Long?	Previous Employer		Position	How Long?
Previous Business Address				Previous Business Address			

Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding				Alimony, child support, separate maintenance received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding			
Other income \$ _____ per _____ Source(s) of other income _____				Other income \$ _____ per _____ Source(s) of other income _____			
Is any income listed in this section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet) <input type="checkbox"/> No				Is any income listed in this section likely to be reduced in the next two years? <input type="checkbox"/> Yes (Explain in detail on a separate sheet) <input type="checkbox"/> No			

OUTSTANDING DEBTS (INCLUDE CHARGE ACCOUNTS, INSTALLMENT CONTRACTS, CREDIT CARDS, RENT, MORTGAGES, ETC. USE SEPARATE SHEET IF NECESSARY)					
Mortgage or Landlord	Payment Address	Market Value	Original Amount	Balance Due	Mortgage-Rent
Autos Owned-Make	Year License Number	Financed By			Monthly Payment
Name & Address (Other Debts)	Account Number	Interest Rate	\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Checking Account No.	Location	Savings Account No.	Location	Total	

Name of Nearest Relative Not Living With You	Address (City-State-Zip)	Relationship	Phone
--	--------------------------	--------------	-------

Complete the following only if you reside in a community property state (Arizona, California, Idaho, Nevada, New Mexico, Texas, Washington or Wisconsin):
 Or if another person will be jointly liable on the account. Married Separated Unmarried

This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. In the event my (our) request is approved and issued, I (we) agree to read and comply with the terms of the agreement which will be furnished to me (us).

APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
X _____		X _____	

FOR CREDIT UNION USE ONLY CREDIT LIMIT \$ _____ COMMENTS/CONDITIONS	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED DATE _____ CREDIT COMMITTEE OR LOAN OFFICER
---	---

If you have not paid the fee up front there will be a **\$25.00 loan fee** charged if approved for this loan and loan is processed.

Would you like this fee deducted from your savings or added on to your loan? _____

Purpose of Loan: _____

Is this loan **Secured** or **Unsecured**? _____

You must provide insurance information if applying for a secured loan.

INSURANCE PROVIDER _____

INSURANCE AGENT: _____ **PHONE:** _____

IF SECURED: DESCRIPTION OF COLLATERAL

New } Year _____ Make _____ Mileage _____

Used } Model _____

VIN Number _____

Color _____ Body Style _____

No. of Cylinders _____ License Plate # _____

Sales Price \$ _____ Invoice \$ _____

Down Payment \$ _____ Trade-in \$ _____

Loan Requested \$ _____ % to Price _____

Dealer Name _____

Address _____

Phone: _____ Salesman: _____

OPTIONS ON VEHICLE: _____

OTHER COLLATERAL: _____

SECURED OR UNSECURED:

Would you like any of the following insurances added to the loan?

Single Credit Disability Insurance : Yes or No

Single Credit Life Insurance : Yes or No

Joint Credit Life Insurance: Yes or No

(Check coverage(s) desired. The Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.)