

# Loan Application

Individual  Joint Amount Requested \$ \_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_

Repayment:  Payroll Deduction  Cash  Automatic Payment

Single Credit Disability Insurance (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.)

## APPLICANT

Name (Last – First – Initial) \_\_\_\_\_ Password \_\_\_\_\_

Account Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_ List Ages of Dependents \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone/Ext. \_\_\_\_\_

e-mail address \_\_\_\_\_

Present Address (Street – City – State – Zip) \_\_\_\_\_  Own  
 \_\_\_\_\_  Rent  
 \_\_\_\_\_ Years at this address

Previous Address (Street – City – State – Zip) \_\_\_\_\_  Own  
 \_\_\_\_\_  Rent  
 \_\_\_\_\_ Years at this Address

Complete for joint credit, secured credit or if you live in a community property state:  
 Married  Separated  Unmarried (Single – Divorced – Widowed)

## EMPLOYMENT/INCOME

Name & Address of Employer \_\_\_\_\_

Title/Grade \_\_\_\_\_ Start Date \_\_\_\_\_ Hour At Work \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ If Self Employed – Type of Business \_\_\_\_\_

Employment Income \_\_\_\_\_ Other Income \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Net  Gross

Previous Employer Name and Address if Employed Less than Five Years \_\_\_\_\_ Starting Date \_\_\_\_\_  
 \_\_\_\_\_ Ending Date \_\_\_\_\_

## APPLICANT REFERENCE

Name and Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 Of nearest relative \_\_\_\_\_  
 Not living with you \_\_\_\_\_ Home Phone \_\_\_\_\_

## OTHER INFORMATION ABOUT YOU

If you answer "yes" to any question other than #1, Explain on an attached sheet

- Are you a U.S. Citizen or Permanent Resident Alien?  YES  NO
- Do you currently have any outstanding judgments or have you ever filed for bankruptcy, Had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon Or repossessed in the last 7 years, or been a party in a lawsuit?  YES  NO
- Is your income likely to decline in the next two years?  YES  NO
- Are you a co-maker, co-signer or guarantor on any loan not listed above? If yes – for whom? \_\_\_\_\_  YES  NO

## OTHER: Co-Applicant Spouse

Name (Last – First – Initial) \_\_\_\_\_ Password \_\_\_\_\_

Account Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number/State \_\_\_\_\_ List Ages of Dependents \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone/Ext. \_\_\_\_\_

e-mail address \_\_\_\_\_

Present Address (Street – City – State – Zip) \_\_\_\_\_  Own  
 \_\_\_\_\_  Rent  
 \_\_\_\_\_ Years at this address

Previous Address (Street – City – State – Zip) \_\_\_\_\_  Own  
 \_\_\_\_\_  Rent  
 \_\_\_\_\_ Years at this Address

Complete for joint credit, secured credit or if you live in a community property state:  
 Married  Separated  Unmarried (Single – Divorced – Widowed)

## EMPLOYMENT/INCOME

Name & Address of Employer \_\_\_\_\_

Title/Grade \_\_\_\_\_ Start Date \_\_\_\_\_ Hour At Work \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ If Self Employed – Type of Business \_\_\_\_\_

Employment Income \_\_\_\_\_ Other Income \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Net  Gross

Previous Employer Name and Address if Employed Less than Five Years \_\_\_\_\_ Starting Date \_\_\_\_\_  
 \_\_\_\_\_ Ending Date \_\_\_\_\_

## APPLICANT REFERENCE

Name and Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 Of nearest relative \_\_\_\_\_  
 Not living with you \_\_\_\_\_ Home Phone \_\_\_\_\_

## OTHER INFORMATION ABOUT YOU

If you answer "yes" to any question other than #1, Explain on an attached sheet

- Are you a U.S. Citizen or Permanent Resident Alien?  YES  NO
- Do you currently have any outstanding judgments or have you ever filed for bankruptcy, Had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon Or repossessed in the last 7 years, or been a party in a lawsuit?  YES  NO
- Is your income likely to decline in the next two years?  YES  NO
- Are you a co-maker, co-signer or guarantor on any loan not listed above? If yes – for whom? \_\_\_\_\_  YES  NO

| What You Owe  | Creditor Name (Attach additional sheet(s) if necessary) | Int. Rate | Present Balance | Monthly Payment | Applicant | Other |
|---|---|-----------|-----------------|-----------------|-----------|-------|
| <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage                     |   |           |                 |                 |           |       |
| 2 <sup>nd</sup> Mortgage  |   |           |                 |                 |           |       |
| 1 <sup>st</sup> Auto Loan   |   |           |                 |                 |           |       |
| 2 <sup>nd</sup> Auto Loan   |   |           |                 |                 |           |       |
| Child Care  |   |           |                 |                 |           |       |
| Child Support   |   |           |                 |                 |           |       |
| Credit Card   |   |           |                 |                 |           |       |
| Credit Card   |   |           |                 |                 |           |       |
| Other   |   |           |                 |                 |           |       |
| Other   |   |           |                 |                 |           |       |
| LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED |   | TOTAL     |                 |                 |           |       |

| What You Own                       | List Location of Property or Financial Institution  | Market Value | Pledged As Collateral | Applicant                  | Other                       |
|------------------------------------|---|--------------|-----------------------|----------------------------|-----------------------------|
| Home                               |   |              |                       |                            |                             |
| Auto                               |   |              |                       |                            |                             |
| Savings                            |   |              |                       |                            |                             |
| Checking                           |   |              |                       |                            |                             |
| Other                              |   |              |                       |                            |                             |
| <b>Other Information About You</b> | If you answer "YES" to any questions other than #1, explain on an attached sheet  |              |                       | <u>APPLICANT</u><br>YES NO | <u>OTHER</u><br>YES NO      |
| 1.                                 | Are you a U.S. Citizen or Permanent Resident Alien?   |              |                       |                            |                             |
| 2.                                 | Do you currently have any outstanding judgments or have you ever filed Bankruptcy, had A debt adjustment plan confirmed under Chapter 13, had property repossessed in the last 7 years, of been a party in a lawsuit? |              |                       |                            |                             |
| 3.                                 | Is your income likely to decline in the next two years?   |              |                       |                            |                             |
| 4.                                 | Are you a co-maker, co-signer, or guarantor on any loan not listed above?<br>For Whom (Name of others obligated on loan):   |              |                       |                            | To Whom (Name of Creditor): |

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe, if there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal of extension of the credit received. You understand that the Credit Union will rely on the information on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions of state chartered credit unions insured by NCUA.

|                                   |      |                             |      |
|-----------------------------------|------|-----------------------------|------|
| <b>X</b><br>APPLICANT'S SIGNATURE | DATE | <b>X</b><br>OTHER SIGNATURE | DATE |
|-----------------------------------|------|-----------------------------|------|

**CREDIT UNION USE ONLY**

|                        |  |                  |           |                |          |                      |
|------------------------|--|------------------|-----------|----------------|----------|----------------------|
| Date                   | <input type="checkbox"/> Approved                            | Approved Limits: | SIGNATURE | LINE OF CREDIT | OTHER    | DEBT TO INCOME RATIO |
|                        | <input type="checkbox"/> Denied (Adverse Action Notice Sent) |                  | \$ _____  | \$ _____       | \$ _____ | AFTER _____          |
| Loan Officer Comments: |  |                  |           |                |          |                      |
| Signatures:            | Date   | Signatures:      | Date      |                |          |                      |
| <b>X</b>               |  | <b>X</b>         |           |                |          |                      |