



LOAN APPLICATION

ACCT # _____

Date _____

Amount Requested \$ _____	Purpose of Loan (MUST complete)			FOR CREDIT UNION USE ONLY		
	Collateral:			<input type="checkbox"/> Loan approved \$ _____ <input type="checkbox"/> Loan Rejected		
				Reason for rejection _____		
			Loan Officer _____ Date _____			
Please check if you are applying for: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit				Payment Protection Plan: <input type="checkbox"/> Disability <input type="checkbox"/> Credit Life <input type="checkbox"/> Joint Credit Life		
Repayment: Payroll Deduction <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Coupons <input type="checkbox"/>			Payment Date _____			Length of Repayment - Mos. <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____
APPLICANT NAME (LAST-FIRST-MIDDLE)				CO-APPLICANT NAME (LAST-FIRST-MIDDLE)		
HOME ADDRESS (STREET & NO.)			HOME ADDRESS (STREET & NO.)			HOW LONG?
CITY-STATE-ZIP			CITY-STATE-ZIP			
PREVIOUS HOME ADDRESS			PREVIOUS HOME ADDRESS			HOW LONG?
HOME PHONE NO.	BIRTH DATE	NO. OF DEPENDENTS		HOME PHONE NO.	BIRTH DATE	NO. OF DEPENDENTS
SOCIAL SECURITY NO.		DRIVERS LICENSE NO. AND STATE		SOCIAL SECURITY NO.		DRIVERS LICENSE NO. AND STATE
BUSINESS PHONE NO.		GROSS ANNUAL INCOME		BUSINESS PHONE NO.		GROSS ANNUAL INCOME
EMPLOYER	POSITION	HOW LONG?		EMPLOYER	POSITION	HOW LONG?
BUSINESS ADDRESS				BUSINESS ADDRESS		
PREVIOUS EMPLOYER	POSITION	HOW LONG?		PREVIOUS EMPLOYER	POSITION	HOW LONG?
PREVIOUS BUSINESS ADDRESS				PREVIOUS BUSINESS ADDRESS		
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.						
Other Income \$ _____ per _____ Source(s) of other income: _____ Is any income listed likely to be reduced in the next two years? <input type="checkbox"/> YES, (Explain in detail on a separate sheet) <input type="checkbox"/> NO				Other Income \$ _____ per _____ Source(s) of other income: _____ Is any income listed likely to be reduced in the next two years? <input type="checkbox"/> YES, (Explain in detail on a separate sheet) <input type="checkbox"/> NO		
Nearest Relative (Complete Name and Address)				Nearest Relative (Complete Name and Address)		
SAVINGS ACCT. WHAT INSTITUTION		AMT.	AMT.	CHECKING ACCT. WHAT INSTITUTION		AMT. OTHER ASSETS AMT.
OUTSTANDING DEBTS: List all debts to other banks, finance companies, credit unions, hospitals, department stores, etc. Failure to list open debts may disqualify this application. Use separate sheet if necessary.						
		MORTGAGEE OR LANDLORD		PAYMENT ADDRESS	APPROX. MARKET VALUE	ORIGINAL AMOUNT
		AUTOS OWNED		MAKE	YEAR	FINANCED BY
		AUTOS OWNED		MAKE	YEAR	FINANCED BY
		CREDIT CARDS (AND OTHER DEBTS)		INT. RATE	ACCOUNT NUMBER	CREDIT LIMIT/OR ORIG. AMT.
						TOTAL
Have you ever filed bankruptcy or had a debt adjustment plan confirmed under Chapter 13? APPLICANT Yes <input type="checkbox"/> No <input type="checkbox"/> CO-APPLICANT Yes <input type="checkbox"/> No <input type="checkbox"/>						
		Are you a co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "yes" for whom? _____ to whom?		
Other obligations - (E.g. liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)						
To the best of my knowledge, I have no other debts. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment plus answer any questions regarding my credit experience with you.						
APPLICANT'S SIGNATURE X				DATE	CO-APPLICANT'S SIGNATURE X	
					DATE	



Income Verification - Last Payroll Stub
"MUST ACCOMPANY APPLICATION"