



**LOAN APPLICATION**

If you are applying for joint credit, or if you live in a community property state (AZ, CA, ID, LA, NM, WI, Puerto Rico) please complete the following: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed) Please check if you are applying for: <input type="checkbox"/> Joint Credit <input type="checkbox"/> Individual Credit <input type="checkbox"/> Secured Loan <input type="checkbox"/> Unsecured Loan <input type="checkbox"/> Signature Loan <input type="checkbox"/> Savings Secured <input type="checkbox"/> Visa Credit Card <input type="checkbox"/> Auto, Boat, Motorcycle (Please include a copy of purchase invoice) <input type="checkbox"/> Pre-Approval				<b>FOR CREDIT UNION USE ONLY</b> <input type="checkbox"/> Loan Approved   \$ _____ <input type="checkbox"/> Rejected   Signature _____ Date _____ <input type="checkbox"/> Visa Approved   \$ _____ <input type="checkbox"/> Rejected   Signature _____ Date _____			
Amount applied for \$ _____		Payment Protection Plan <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Disability <input type="checkbox"/> None		Length of Repayment - Months <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> Other (Specify) _____			
Purpose of Loan (MUST complete) (Be specific) _____							
<b>Name</b> _____		SSN   -   -	<b>Name (Joint Borrower, Co-Signer)</b> _____		SSN   -   -		
Present Address (Street) _____			No. Years _____				
City, State, Zip _____			City, State, Zip _____				
Previous Address (Complete if less than 3 years) _____							
E-mail Address _____		No. Of Dependents _____	Ages _____	E-mail Address _____			
Homeowners – Please Complete Purchase Price: _____ Bal Owed: _____ Est. Value: _____ Home Equity <input type="checkbox"/> Yes <input type="checkbox"/> No   Balance: _____		Homeowners – Please Complete Purchase Price: _____ Bal Owed: _____ Est. Value: _____ Home Equity <input type="checkbox"/> Yes <input type="checkbox"/> No   Balance: _____					
Home Phone _____		Cell Phone _____		Birth Date _____			
Employer's Name/Division _____							
Employer's Address _____							
Employer's Phone Number _____		Position _____	Other Income* _____				
Gross   Net <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			Years Employed _____				
Previous Employment (if current is less than 3 years) _____			Years Employed _____				
Automobile: Year   Make   Model   Balance Owed		Automobile: Year   Make   Model   Balance Owed					
Automobile: Year   Make   Model   Balance Owed		Automobile: Year   Make   Model   Balance Owed					
Nearest Relative (Complete name and address) _____							
Relative's Address _____			Phone Number _____				

\*NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Bank (Name)	Type of Account	Interest Rate	Monthly Fees
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Credit Information Outstanding Debts  
 List all debts i.e. car loans, bank loans, finance companies, credit unions, dept. store, credit card accounts.  
 Attach additional sheet if necessary

Name of Creditors	Interest Rate	Value of Assets	Monthly Payment	Balance Owed	Amount Past Due
1. Mortgage/Rent (circle one)					
2. Auto Payment					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I (we) certify that the information given on this application is complete and true and submitted for the purpose of obtaining credit. I authorize the credit union to obtain my (our) credit profile from any credit-reporting agency or to otherwise verify the above information. Additional information may be requested by the credit union for further processing.

Signature \_\_\_\_\_ Signature Co-Signer \_\_\_\_\_ Date \_\_\_\_\_