

# LOAN APPLICATION

MEMBER NUMBER - APPLICANT	MEMBER NUMBER - CO-APPLICANT	BRANCH	MSR	DATE
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**Loan Information:**       Individual       Joint       Co-Signer

Amount \_\_\_\_\_ Purpose \_\_\_\_\_ Term \_\_\_\_\_

Your selection of Insurance coverage is:      Disability:  Yes  No

**Installment Loan Applied For:**

Home Equity       New Auto       Share Secured       VISA

Personal (Unsecured)       Used Auto       Co-Signer

**APPLICANT**       **CO-SIGNER**

FIRST NAME		INITIAL	LAST NAME		SR.,JR.,I., II.
SOCIAL SECURITY #				BIRTH DATE	
CURRENT STREET ADDRESS			APT. NO	SINCE	
CITY			COUNTY		
STATE	ZIP	DRIVERS LICENSE #/STATE			
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)				NO. OF YEARS	
DO YOU:	<input type="checkbox"/> LIVE WITH PARENTS	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS	
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT				
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	

**CO-APPLICANT**

FIRST NAME		INITIAL	LAST NAME		SR.,JR.,I., II.
SOCIAL SECURITY #				BIRTH DATE	
CURRENT STREET ADDRESS			APT. NO	SINCE	
CITY			COUNTY		
STATE	ZIP	DRIVERS LICENSE #/STATE			
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)				NO. OF YEARS	
DO YOU:	<input type="checkbox"/> LIVE WITH PARENTS	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS	
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT				
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	

**EMPLOYMENT AND INCOME** If self-employed check here  and attach two years federal income tax returns.

CURRENT EMPLOYER/SUPERVISOR NAME (INCLUDE EMPLOYEE I.D. IF APPLICABLE)			SINCE
ADDRESS			
WORK TELEPHONE	POSITION	MO. GROSS INCOME \$	
FORMER EMPLOYER (if current employer is less than 3 years)	POSITION	YEARS THERE	

CURRENT EMPLOYER/SUPERVISOR NAME (INCLUDE EMPLOYEE I.D. IF APPLICABLE)			SINCE
ADDRESS			
WORK TELEPHONE	POSITION	MO. GROSS INCOME \$	
FORMER EMPLOYER (if current employer is less than 3 years)	POSITION	YEARS THERE	

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

SOURCE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	NO. OF YEARS RECEIVED

SOURCE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	NO. OF YEARS RECEIVED

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	APPROX. BAL.
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL		APPROXIMATE VALUE \$	
CAR 2 - YR. - MAKE - MODEL		APPROXIMATE VALUE \$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE \$	APPROXIMATE VALUE \$

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	APPROX. BAL.
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL		APPROXIMATE VALUE \$	
CAR 2 - YR. - MAKE - MODEL		APPROXIMATE VALUE \$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE \$	APPROXIMATE VALUE \$

