

**Master Loan Application** (Please print document, complete, and mail to the credit union.)

NOTICE TO MARRIED APPLICANTS: You have the right to apply for a separate account in your name.

CHECK TYPE OF CREDIT REQUESTED

Individual Credit                       Joint Credit

I/We would like a loan of \$ \_\_\_\_\_

For the following purpose: \_\_\_\_\_

Security Offered: \_\_\_\_\_

Account Number: \_\_\_\_\_

**A. INFORMATION REGARDING APPLICANT**

Married               Unmarried               Separated

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's Lic. # & State \_\_\_\_\_

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Home Phone \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Present Employer's Name & Address \_\_\_\_\_ Date Employed \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly Gross Pay \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous Employer's Name & Address \_\_\_\_\_

Occupation \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Source of Other Income \_\_\_\_\_ Amount \_\_\_\_\_ /Month

Other Income Notice: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be requested.

Estimated Value of Home \_\_\_\_\_

**B. INFORMATION REGARDING**       CO-APPLICANT               GUARANTOR

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's Lic. # & State \_\_\_\_\_

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Home Phone \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Present Employer's Name & Address \_\_\_\_\_ Date Employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Monthly Take Home Pay \_\_\_\_\_ Amount of Other Income \_\_\_\_\_

Source of Other Income \_\_\_\_\_ Total Monthly Income \_\_\_\_\_

Other Income Notice: Do not list alimony, child or spousal support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be requested.

**C. FINANCIAL INFORMATION & REFERENCES**

Name & address of relative not living with you

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name & address of personal reference not related to you

Phone \_\_\_\_\_

Name & Address of Bank or Other Financial Institution

Type of Accounts \_\_\_\_\_

If you answer "yes" to any of these questions, please attach details.

ARE ANY OF YOUR DEBTS PAST DUE?  YES  NO

HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED?  YES  NO

HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY?  YES  NO

ARE YOU CURRENTLY A CO-MAKER ON A LOAN?  YES  NO

**D. LIST ALL EXISTING DEBTS OF APPLICANT** (and Co-Applicant or Spouse if any part of Section C is applicable)

| APP | CO-APP | NAME & ADDRESS OF CREDITOR                              | ACCOUNT # | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENT |
|-----|--------|---|-----------|-----------------|-----------------|-----------------|
|     |        | Home Mortgage or Landlord                               |           | \$              | \$              | \$              |
|     |        | Credit Card/Other                                       |           | \$              | \$              | \$              |
|     |        | Automobile Loan/Creditor                                | Auto Make | Model & Year    | \$              | \$              |
|     |        | List alimony, child support or child care paid monthly: |           |                 |                 | \$              |

Do not omit any debts! If more space is needed, use a separate sheet. Incomplete applications cannot be processed.

Total Monthly Obligations \$ \_\_\_\_\_

**F. INSURANCE INFORMATION**

I would like information on the insurance coverage(s) checked below.

Single Credit Life  Joint Credit Life  Credit Disability

**MASTER APPLICATION SIGNATURES**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OTHER SIGNATURE  
(Where applicable) \_\_\_\_\_ DATE \_\_\_\_\_

*HAVE YOU OMITTED ANYTHING? REMEMBER, INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.*

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