



LOAN APPLICATION

~~~~ Please return with proof of income ~~~~~

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

Payroll Deduction     Automatic Payment     Cash     Payment Book

Single Disability Insurance     Single Life Insurance  
 Joint disability Insurance     Joint Life Insurance

## Applicant

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
SSN #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Years at address: \_\_\_\_\_ Own/Rent \$ \_\_\_\_\_  
Previous Address (if less than 5 years)

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

\_\_\_\_\_  
Employer Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Reference:  
Name/Address/Phone/Relationship:

By signing, you authorize the credit union to obtain credit reports in connection with this pre-approval.

\_\_\_\_\_  
**Signature of Applicant**                      **Date**

## Co-Applicant

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
SSN #: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Years at address: \_\_\_\_\_ Own/Rent \$ \_\_\_\_\_  
Previous Address (if less than 5 years)

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

\_\_\_\_\_  
Employer Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Reference:  
Name/Address/Phone/Relationship:

By signing, you authorize the credit union to obtain credit reports in connection with this pre-approval.

\_\_\_\_\_  
**Signature of Co-Applicant**                      **Date**