



LOAN APPLICATION

- Gap Ins
- Credit life Insurance
- Credit Disability Insurance

Account #	Suffix
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I hereby make application for a loan of
 \$ _____ for a term of _____ months.

Collateral (Purpose) Description: _____

For Credit Union Use Only

Flood Insurance

Cosigner: _____

Account Number _____

Refinance Balance \$ _____

Amt. to Borrower \$ _____

Loan Type _____

APR _____ %

Verify ID _____ Initials

APPLICANT INFORMATION

Name		Date of Birth	Social Security		Home Phone
Primary Address		City	State	Zip	Years at address
Mailing Address		City	State	Zip	No. of Dependents
Name of Bank Holding Mortgage				In Whose Name	
Market Value	Original Mortgage Amount	Remaining Balance	Mortgage / Rent Payment		
Next of Kin - Name		Kin - Address, City, State, Zip			

INCOME / EMPLOYMENT

Place of Employment (BMC, GMF, etc.)		Starting Date	Position	Tour	Work Phone
Address		City	State	Zip	Monthly Gross \$
Source of other income (pensions, rental income, investments, etc.)					Monthly Gross \$
Does applicant derive income from alimony, child support or maintenance? NOTE: SUCH SOURCE OF INCOME NEED NOT BE REVEALED IF APPLICANT CHOOSES NOT TO PROVIDE IT.					Monthly Gross \$

NON CREDIT OBLIGATIONS

Monthly alimony and/or child support payments	Monthly \$	Other:	Monthly \$
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APPLICANT SIGNATURE

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

The statements herein are made for the purpose of obtaining the loan and are true. I understand that failure to list any outstanding debt may disqualify the request. I/We hereby authorize the Credit Union or any credit bureau or other investigative agency employed by the Credit Union, to legally investigate any references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

I hereby authorize the Credit Union to investigate the probability of my continued employment. I understand this includes the release of my earnings over the past 52 pay periods and my current annual gross.

Applicant Signature signifies agreement to the statements above:

X	Date	Loan Officer:
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