

University Federal Credit Union Loan Application

Amount Requested: _____ Loan Purpose: _____ Type of Loan: Individual Joint

APPLICANT INFORMATION: Account Number: _____ U.S. Citizen: Yes No Home Phone: _____

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____ Social Security No.: _____

Street – City – State – Zip: _____

Residential Status: Own Rent Other Time at Residence: _____ Monthly Payment: _____ No. of Dependents: _____

Marital Status: Married Separated Unmarried Nearest Relative Name, _____
*Complete for joint credit, secured credit, or applicant lives in a community property state Address, and Phone _____
 Not Living With You: _____

APPLICANT CURRENT EMPLOYMENT:

Employer: _____ Occupation: _____ Time with Employer: _____

Gross Income: \$ _____ per _____ Employer Phone: _____ Is Your Income Likely to Decline in the Next Two Years? Yes No

Other Source of Income: \$ _____ per _____ Source of Other Income: _____
*Alimony, child support, or separate maintenance need not be revealed if you do not choose to have it considered

CO-APPLICANT INFORMATION: Account Number: _____ U.S. Citizen: Yes No Home Phone: _____

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____ Social Security No.: _____

Street – City – State – Zip _____

Residential Status: Own Rent Other Time at Residence: _____ Monthly Payment: _____ No. of Dependents: _____

Marital Status: Married Separated Unmarried Nearest Relative Name, _____
*Complete for joint credit, secured credit, or applicant lives in a community property state Address, and Phone _____
 Not Living With You: _____

CO-APPLICANT CURRENT EMPLOYMENT:

Employer: _____ Occupation: _____ Time with Employer: _____

Gross Income: \$ _____ per _____ Employer Phone: _____ Is Your Income Likely to Decline in the Next Two Years? Yes No

Other Source of Income: \$ _____ per _____ Source of Other Income: _____
*Alimony, child support, or separate maintenance need not be revealed if you do not choose to have it considered

ASSETS	Description	Value
Home		
Vehicle		
Other		
Other		

LIABILITIES - Creditor's Name	Payment	Balance

Do you currently have any outstanding judgments against you or have you filed for bankruptcy in the past seven years? Yes No

Payment Protection: Single Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance
*Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Repayment Method: Payroll Deduction Automatic Payment Cash Military Allotment

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, renewal or extension of the credit received. You understand that the Credit Union will rely on the information in this application and your credit reports 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.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

For Credit Union Use Only: Date: _____ Approved <input type="checkbox"/> Denied <input type="checkbox"/> Debt Ratio: _____ Approved Limits: Signature \$ _____ Line of Credit \$ _____ Other \$ _____			
Signature _____	Date _____	Signature _____	Date _____