

# CHADWICK FEDERAL CREDIT UNION LOAN APPLICATION

I am the:  Applicant  Joint Applicant  Co-Maker For: \_\_\_\_\_

I am applying for:  
 New Vehicle Loan  Personal Loan  Debt Consolidation  VISA  
 Used Vehicle Loan/Refinance  Other Loan  Credit Card Limit Increase

Amount Requested \$\_\_\_\_\_ for \_\_\_\_\_ months To be repaid  Weekly  Monthly  
 Bi-weekly  Semi-monthly

For the following purposes: \_\_\_\_\_

CFCU Member Account #:\_\_\_\_\_ You must establish membership before receiving a loan. If you are not a member, fill out a membership signature card and return it with this application along with your initial \$25.00 savings deposit.

For Office Use Only	
Req. Amt.	
Old Ln. Bal.	
Acc. Int.	
New Loan	
Note #:	

## APPLICANT INFORMATION

NAME (FIRST, INITIAL, LAST)		SSN	DOB
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER	
E-MAIL (OPTIONAL WE MAY USE THIS TO SEND CFCU PROMOTIONAL INFO)			
PRESENT STREET ADDRESS			
CITY			STATE/ZIP
OWN <input type="checkbox"/> RENT <input type="checkbox"/>	YEARS AT ADDRESS:	MONTHLY RENT/MTG. AMOUNT \$	
PREVIOUS ADDRESS IF LESS THAN 2 YEARS			_____ YEARS THERE
NEAREST RELATIVE NOT LIVING WITH YOU: (RELATIONSHIP TO YOU AND ADDRESS)			PHONE NUMBER::

## APPLICANT'S EMPLOYMENT INFORMATION

Income verification is required. If self-employed, retired or on a commission basis, attach financial statement and income tax returns for the past two (2) years.

PRESENTLY EMPLOYED BY		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE/ZIP	ANNUAL GROSS SALARY \$
START DATE	POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	I AM PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY
PREVIOUSLY EMPLOYED BY:		FROM:	TO:

You don't have to include information from alimony, child support or maintenance unless you want us to consider it in granting credit.

SOURCE OF OTHER INCOME VERIFICATION NEEDED	MONTHLY AMOUNT \$	SOURCE OF OTHER INCOME	MONTHLY AMOUNT \$
ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL UNDERSTANDING		ALIMONY, CHILD SUPPORT, SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL UNDERSTANDING	

Are you a co-maker, endorser, or guarantor on any loan or contract? Yes  No  If "yes" for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Have you been declared bankrupt in the last 10 years? Yes  No  If "yes", when? \_\_\_\_\_

Do you want to purchase temporary Disability Insurance for this loan? Yes  No

## REQUIRED SIGNATURE

All loan applications will be judged upon our fair evaluation of the individual applicant's credit history, steady employment or other source of income and ability to repay the loan amount without regard to sex, age, or marital status. All applications become the property of the Credit Union and will not be returned whether or not the loan is approved.

The statements, herein, have been made for the purpose of obtaining this loan. Everything that I have stated in this application is true, correct, and complete, to the best of my knowledge.

I authorize the credit union to obtain and release credit information in connection with this application and with respect to any credit granted hereunder. I further authorize the credit union to confirm my employment history and salary as needed to evaluate my ability to repay this loan.

AT THIS TIME, I AM WORKING & NOT IN ILL HEALTH. PLEASE SEE LOAN LIFE INSURANCE CONDITIONS HANDOUT. I HAVE READ THE FOREGOING STATEMENT.

**ORIGINAL SIGNATURES ARE REQUIRED ON ALL FAX APPLICATIONS.** ALL APPLICANTS REQUESTING CREDIT MUST SIGN BEFORE SUBMITTING TO CREDIT UNION

X \_\_\_\_\_  
 Applicant's Signature Date