

Loan Application Worksheet

Loan Description <input style="width: 95%;" type="text"/> Insurance Protection <input style="width: 95%;" type="text"/> Method of Payment Cash	Member Account Number <input style="width: 95%;" type="text"/> Amount Requested <input style="width: 95%;" type="text"/> Payment Amount <input style="width: 95%;" type="text"/> Payment Frequency Monthly <input style="width: 95%;" type="text"/> Loan Term in Months <input style="width: 95%;" type="text"/> Interest Rate <input style="width: 95%;" type="text"/>
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Applicant		PERSON	SSN
NAME: LAST			
FIRST	MIDDLE	MARTIAL STATUS	
OTHER CREDIT NAME		MOTHER'S MAIDEN NAME	
DRIVER'S LICENSE NUMBER	STATE	BIRTHDATE	
HOME PHONE	BUSINESS PHONE	BUSINESS EXT.	
E-MAIL ADDRESS			
ALTERNATE E-MAIL ADDRESS			
PRESENT ADDRESS: STREET			
CITY			
STATE	ZIP CODE	OWN/RENT/ETC.	MONTHS AT ADDRESS
PREVIOUS ADDRESS: STREET			
OWN/RENT/ETC.		MONTHS AT ADDRESS	
AGES OF DEPENDENTS			COUNT
EMPLOYER: NAME		STATUS <i>Employed</i>	
EMPLOYER: ADDRESS			
OCCUPATION		SUPERVISOR'S NAME	
LENGTH OF EMPLOYMENT	START DATE	HOURS / WEEK	MONTHLY INCOME
Yr	Mo		
PREVIOUS EMPLOYER: NAME			
PREVIOUS EMPLOYER: ADDRESS			
OCCUPATION		SUPERVISOR'S NAME	
LENGTH OF EMPLOYMENT	START DATE	END DATE	MONTHLY INCOME
Yr	Mo		
PERSONAL REFERENCE: NAME			
ADDRESS			
PHONE NUMBER	RELATIONSHIP	RELATIVE	
PERSONAL REFERENCE: NAME			
ADDRESS			
PHONE NUMBER	RELATIONSHIP	RELATIVE	
PERSONAL REFERENCE: NAME			
ADDRESS			
PHONE NUMBER	RELATIONSHIP	RELATIVE	

Co-Applicant		PERSON	SSN
NAME: LAST			
FIRST	MIDDLE	MARTIAL STATUS	
OTHER CREDIT NAME		MOTHER'S MAIDEN NAME	
DRIVER'S LICENSE NUMBER	STATE	BIRTHDATE	
HOME PHONE	BUSINESS PHONE	BUSINESS EXT.	
E-MAIL ADDRESS			
ALTERNATE E-MAIL ADDRESS			
PRESENT ADDRESS: STREET			
CITY			
STATE	ZIP CODE	OWN/RENT/ETC.	MONTHS AT ADDRESS
PREVIOUS ADDRESS: STREET			
OWN/RENT/ETC.		MONTHS AT ADDRESS	
AGES OF DEPENDENTS			COUNT
EMPLOYER: NAME		STATUS	
EMPLOYER: ADDRESS			
OCCUPATION		SUPERVISOR'S NAME	
LENGTH OF EMPLOYMENT	START DATE	HOURS / WEEK	MONTHLY INCOME
Yr	Mo		
PREVIOUS EMPLOYER: NAME			
PREVIOUS EMPLOYER: ADDRESS			
OCCUPATION		SUPERVISOR'S NAME	
LENGTH OF EMPLOYMENT	START DATE	END DATE	MONTHLY INCOME
Yr	Mo		
PERSONAL REFERENCE: NAME			
ADDRESS			
PHONE NUMBER	RELATIONSHIP	RELATIVE	
PERSONAL REFERENCE: NAME			
ADDRESS			
PHONE NUMBER	RELATIONSHIP	RELATIVE	
PERSONAL REFERENCE: NAME			
ADDRESS			
PHONE NUMBER	RELATIONSHIP	RELATIVE	

