Loan Application Worksheet

Loan Description _____

Insurance Protection _____

Method of Payment Cash

Member Account Number _____

Amount Requested _____

Payment Amount _____

Payment Frequency Monthly

Loan Term in Months _____

Interest Rate _____

Applicant

PERSON		SSN __ __

NAME: LAST		
FIRST	MIDDLE	MARITAL 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:		
OWN/RENT/ETC.	MONTHS AT ADDRESS	

AGES OF DEPENDENTS	COUNT

EMPLOYER: NAME	STATUS Employed	
EMPLOYER: ADDRESS		
OCCUPATION	SUPERVISOR'S NAME	

LENGTH OF EMPLOYMENT Yr Mo	START DATE	HOURS / WEEK	MONTHLY INCOME

PREVIOUS EMPLOYER: NAME		
PREVIOUS EMPLOYER: ADDRESS		
OCCUPATION	SUPERVISOR'S NAME	

LENGTH OF EMPLOYMENT Yr Mo	START DATE	END DATE	MONTHLY INCOME

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	MARITAL 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 Yr Mo	START DATE	HOURS / WEEK	MONTHLY INCOME

PREVIOUS EMPLOYER: NAME		
PREVIOUS EMPLOYER: ADDRESS		
OCCUPATION	SUPERVISOR'S NAME	

LENGTH OF EMPLOYMENT Yr Mo	START DATE	END DATE	MONTHLY INCOME

PERSONAL REFERENCE: NAME		
ADDRESS		
PHONE NUMBER	RELATIONSHIP	RELATIVE

PERSONAL REFERENCE: NAME		
ADDRESS		
PHONE NUMBER	RELATIONSHIP	RELATIVE

PERSONAL REFERENCE: NAME		
ADDRESS		
PHONE NUMBER	RELATIONSHIP	RELATIVE

ADDITIONAL FINANCIAL INFORMATION

Other Liabilities Item Description/Creditor Name	Reference	Balance	Monthly Payment	E	A	C
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			
		$	$			

OTHER INFORMATION		A	C
Are you a U.S. Citizen?		Yes	
Judgement?		No	
Bankruptcy?		No	
Past Repossession?		No	
Party in a Lawsuit?		No	
Income likely to decline?		No	
Past Foreclosure?		No	
Co-Signer on another loan?		No	
Cosigner For Whom			
Cosigner To Whom			
Cosigner For Whom			
Cosigner To Whom			

A — Applicant   C — Co-Applicant

Other Assets:

Item Description	Address	Asset Value	A	C
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		

Credit Union Shares:

Description	Balance	A	C
	$		
	$		
	$		
	$		
	$		

Other Income

Source	Gross Per Month	E	A	C
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			

Credit Union Loans:

Description	Balance	Monthly Payment	E	A	C
	$	$			
	$	$			
	$	$			
	$	$			
	$	$			

APPLICANT'S SIGNATURE   DATE   CO-APPLICANT SIGNATURE   DATE

A – Applicant   C – Co-Applicant