

U. of P. FCU Loan Application

Amount Requested \$ _____ Purpose _____ Term (Months) _____ Easy Credit Term _____ 6 months _____ 1 year	
Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Coupon Book <input type="checkbox"/> Automatic Payment Please attach most recent paystub	
<input type="checkbox"/> Fully Secured <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Computer <input type="checkbox"/> Easy Credit <input type="checkbox"/> Vacation/Holiday <input type="checkbox"/> New Car <input type="checkbox"/> Used Car <input type="checkbox"/> Personal Loans <input type="checkbox"/> Line of Credit	
Applicant Information (Please Print)	To Be Filled Out By Applicant And Co-Applicant
Full Name: _____ Birth Date: _____	Monthly Mortgage: _____ Payable to: _____
Home Address: _____ City: _____ State: _____	Are You A U.S. Citizen Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Co-App <input type="checkbox"/> Yes <input type="checkbox"/> No Or Permanent Resident Alien? Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Co-App <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: _____ Work Phone: _____	Do you currently have any outstanding Judgment or have you ever filed for Bankruptcy, had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon or repossessed in the last 7 years, Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or been a party in a lawsuit? Co-App <input type="checkbox"/> Yes <input type="checkbox"/> No
Rent: _____ Yrs There: _____ Mon. Payment: _____	Do you want insurance on this loan? Credit Life <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number: _____ Mother's Maiden Name: _____	Co-Applicant Information (Please Print)
Employer's Name: _____ Date Employed: _____ Dept.: _____	Name: _____ Birth Date: _____ Social Security Number: _____
Supervisor: _____ Phone: _____	Employer's Name: _____ Work or Daytime Phone: _____
Gross Monthly Income: _____ Additional Household Income: _____	Gross Monthly Income: _____ Date Employed: _____
References Name and address of nearest relative not living with you: Name _____ Address _____ Relationship _____ Home Phone _____	
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 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.	
Signatures	
X _____ (Seal) _____ Applicant's Signature _____ Date _____	X _____ (Seal) _____ Other Signature _____ Date _____