

For Your Financial Health

Please attach a current *Pay Stub* and copy of your *Driver's License*

Loan Amount \$ _____ Purpose _____ Borrower Co-Borrower

Personal Info

Name _____ Address _____
 City _____ State _____ Zip _____ Date of Birth _____
 SS# _____ Phone # _____ People in Household # _____ Dependent Children # _____
 How long at current address _____ If less than two years, previous address _____

Employment History / Income

Employer _____ Address _____
 City _____ State _____ Zip _____ Phone # _____
 Date Employed - Month _____ Year _____ Salary or Hourly Rate of Pay \$ _____ Part Time Full Time
 Position _____ Department _____
 Previous Employer _____ If current employment is less than two years Phone # _____

Other Income

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

Credit History

I am indebted to the following creditors

List all debts as doctor bills, real estate, automobile, repairs installments, loans, child support, alimony, rent or lease payments, etc. Please continue on back if necessary

Creditor	Address	Monthly Payment	Balance
Car			
House			
Other			
Other			
Other			

Any legal proceedings against you? No Yes Are you in trusteeship? No Yes
 Are you a co-signer on any other loans? No Yes Have you been through bankruptcy? No Yes Year _____
 Have you obtained credit under another name in the past 5 years? No Yes If yes, explain _____

Assets

Are you a Homeowner? Yes No Present value of home _____
 Other Real Estate Owned _____ Present value of real estate owned _____
 Rental Property Owned _____ Present value of rental real estate owned _____
 Vehicles _____ Make _____ Year _____ Vehicle _____ Make _____ Year _____
 Other Assets Boat, Camper etc. _____
 Bank Reference # _____ Checking Savings Name of Bank _____

Investments

IRAs, 401K, Mutual Funds, Stock, Bonds, etc. Please continue on back if necessary

Investment Type	Name of Institution	Approximate Value

References

Two Nearest Relatives (Non-Spouse)

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

I hereby authorize the Credit Union to whom this application is made, any Credit Bureau or other investigative agency employed by such Credit Union, to investigate the reference herein listed of statement's pertaining to my credit and financial responsibility. I hereby certify that all statements made are true and complete and submitted to the purpose of obtaining credit. The Federal Equal Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this credit union is the National Credit Union Administration, Region IV, 230 South Dearborn, Suite 3346, Chicago, Illinois 60604. "The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and the credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law."

Applicant Signature _____ Date _____

