



Date of Request: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

# Loan Application

**Applicant Type:**  Individual /  Joint  
**Repayment:**  Payroll Deduct /  Cash /  Auto Transfer  
**Insurance Quote?**  Credit Life /  Credit Disability /  GAP

**Amount Requested:** \$ \_\_\_\_\_  
**Purpose:** \_\_\_\_\_  
**Collateral (if applicable):** \_\_\_\_\_  
**Requested payment amount:** \_\_\_\_\_

Applicant	
NAME (First MI Last)	
SOCIAL SECURITY NUMBER	BIRTHDAY
CELL / HOME PHONE	WORK PHONE
E-MAIL ADDRESS	
STREET ADDRESS	
CITY / STATE / ZIP	
Employment/Income	
NAME AND ADDRESS OF EMPLOYER	
JOB TITLE	START DATE
SUPERVISOR'S NAME	PAY FREQUENCY
EMPLOYMENT INCOME (DOLLAR AMOUNT PER PAY PERIOD) \$ _____ ( Gross / Net )	
OTHER INCOME \$ _____ ( Gross / Net ) Source:	
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? Yes / No	
WHERE:	ENDING/SEPARATION DATE:

Co-Applicant	
NAME (First MI Last)	
SOCIAL SECURITY NUMBER	BIRTHDAY
CELL / HOME PHONE	WORK PHONE
E-MAIL ADDRESS	
STREET ADDRESS	
CITY / STATE / ZIP	
Employment/Income	
NAME AND ADDRESS OF EMPLOYER	
JOB TITLE	STATE DATE
SUPERVISOR'S NAME	PAY FREQUENCY
EMPLOYMENT INCOME (DOLLAR AMOUNT PER PAY PERIOD) \$ _____ ( Gross / Net )	
OTHER INCOME \$ _____ ( Gross / Net ) Source:	
<b>MILITARY:</b> IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? Yes / No	
WHERE:	ENDING/SEPARATION DATE:

Applicant Reference	
NAME/ADDRESS	
RELATIONSHIP	PHONE NUMBER

Other Reference	
NAME/ADDRESS	
RELATIONSHIP	PHONE NUMBER

**CONTINUED ON REVERSE SIDE**

Property Owned / Monthly Payments					
Type	Description	Pledged as Collateral for another loan?	Monthly Payment/Rent	Owned By	
				Applicant	Other
Home (required)		N/A	\$		
Auto		Yes / No	\$		
Other		Yes / No	\$		
Other		Yes / No	\$		

Other Information About You
1. Are you a U.S. Citizen or Permanent Resident Alien?
2. Do you currently have any outstanding judgements 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, or been a party in a lawsuit?
3. Is your income likely to decline in the next two years?
4. Are you a co-signer, co-maker, or guarantor for any other loans? If so, please explain:

Applicant	
YES	NO
YES	NO
YES	NO
YES	NO

Co-Applicant	
YES	NO
YES	NO
YES	NO
YES	NO

Signatures
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 crime to willfully and deliberately provide incomplete or incorrect information in this application.
You agree that Combined Federal Credit Union may from time to time make calls and/or send text messages to you at any telephone number associated with your account, including wireless telephone numbers that could result in charges to you. The manner in which these calls or text messages are made to you may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing system. You further agree that Combined FCU may send e-mails to you at any e-mail address you provide us or use other electronic means of communication to the extent permitted by law. Consent may be revoked at any time and by any reasonable means.

**X** \_\_\_\_\_  
**Applicant**

**X** \_\_\_\_\_  
**Co-Applicant**

FOR CREDIT UNION USE ONLY			
DATE	<input type="checkbox"/>	APPROVED	APPROVED LIMIT
	<input type="checkbox"/>	DENIED	\$
LOAN OFFICER COMMENTS:			
<b>X</b>			

**Loan Officer Signature**