



Date of Request: _____
 Account Number: _____

Loan Application

Applicant Type: Individual / Joint
Repayment: Payroll Deduct / Cash / Auto Transfer

Amount Requested: \$ _____
Purpose for loan: _____
Collateral (if applicable): _____
Requested payment amount: _____

Are you interested in having your loan protected?* Yes No

*If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains terms and conditions

Applicant	
NAME (First MI Last)	
SOCIAL SECURITY NUMBER	BIRTHDAY
CELL / HOME PHONE	WORK PHONE
E-MAIL ADDRESS	
STREET ADDRESS	
CITY / STATE / ZIP	

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	START DATE
SUPERVISOR'S NAME	PAY FREQUENCY
EMPLOYMENT INCOME (DOLLAR AMOUNT PER PAY PERIOD) \$ _____ (Gross / Net)	

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)	

PREVIOUS EMPLOYER NAME (IF LESS THAN TWO YEARS AT CURRENT)	
START DATE	END DATE

PREVIOUS EMPLOYER NAME (IF LESS THAN TWO YEARS AT CURRENT)	
START DATE	END DATE

OTHER INCOME \$ _____ (Gross / Net) Source:
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? Yes / No
WHERE: _____ ENDING/SEPARATION DATE: _____

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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	Owned By	
				Applicant	Other
Mortgage/Rent			\$		
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 DENIED	APPROVED LIMIT \$
OTHER			
LOAN OFFICER COMMENTS:			
X			

Loan Officer Signature