

Consumer Loan Application

Apply today! You can fax this app to (617) 973-5925 or mail it back to us

Applicant (Please Print)

Name _____

Social Security No. _____

Date of Birth _____

Address _____

City/State/Zip _____

- Debts - Name	Balance	Mo. Payment

Co-Applicant (Please Print)

Name _____

Social Security No. _____

Date of Birth _____

Address _____

City/State/Zip _____

- Debts - Name	Balance	Mo. Payment

Home Phone _____ Work Phone _____

Employed by: _____

*Monthly Gross Salary \$ _____

Full-time _____ Part-time _____

Length of Employment: Years _____ Mos. _____

**Other Income \$ _____

Source of Income: _____

Name of nearest relative (not living with you) _____

Address _____

City/State/Zip _____

Relationship _____ Phone _____

*Attach copy of W-2, payroll stub, etc., to verify income.
**Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

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Employed by: _____

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Pre-approved loans are valid for a period not to exceed thirty days from the date of the approval. A pre-approval loan guarantees the term of the loans and the maximum amount to be financed as indicated on the loan application.

I/We understand that knowingly making a false statement or willingly overvaluing any land, property or security for the purpose of influencing the action of a federal credit union is a CRIME in violation of section 1014, Title 18, United States Code.

In considering this application, I/We authorize the Credit Union to request and use a report from outside reporting agencies. The Credit Union may also ask a reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which I/We are applying.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

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Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Credit Information

Provide the following information about applicant, and if applicable, about co-applicant. If additional information is required, an additional application may need to be signed.

Applicant

Please check one and enter monthly payment amount.

Mortgage/Own home \$ _____ per month.

Rent \$ _____ per month.

Live with relative \$ _____ per month.

Co-Applicant

Please check one and enter monthly payment amount.

Mortgage/Own home \$ _____ per month.

Rent \$ _____ per month.

Live with relative \$ _____ per month.

Vehicle Information (if applicable)

Please attach a copy of the Purchase and Sales agreement including: Total mileage, Year, Make, Model, and Vin ID#.

General Information (All loans)

I/We hereby apply for a loan of \$ _____ to be repaid in _____ successive (circle one) monthly or semi-monthly payments beginning the _____ day of _____ (month). If the loan is granted, the proceeds will be used for the following purpose: _____

Check off: Loan Type - Credit Ins. - Pay Method

<input type="checkbox"/> Personal	<input type="checkbox"/> No Insurance
<input type="checkbox"/> Personal L-O-C	<input type="checkbox"/> Single Life Insurance
<input type="checkbox"/> New Vehicle	<input type="checkbox"/> Joint Life Insurance
<input type="checkbox"/> Used Vehicle	<input type="checkbox"/> Single Disabl. Insurance
<input type="checkbox"/> Vehicle-Transfer	<input type="checkbox"/> VISA
<input type="checkbox"/> Share Secured	<input type="checkbox"/> ACH/Direct Payment
<input type="checkbox"/> Student L-O-C	<input type="checkbox"/> Payment Booklet

For office use only: _____

Date: _____ Approved: _____

Disapproved: _____

Special Terms/Comments: _____