



Loan Application

- Applicant
 Co-Borrower with: _____
 Co-Signer for: _____

<input type="checkbox"/> Approved	\$
<input type="checkbox"/> Rejected	ECOA notice sent:
<input type="checkbox"/> Credit Committee or Loan Officer	

FAX: 269-381-2407 OR MAIL: P.O. Box 3006, Kalamazoo MI, 49003-3006

Account Number	SSN	Birthdate / /	Drivers License Number	Mother's Maiden Name
Name	First	Middle	Last	Also Known As
Address	Street	City	State	Zip Code Years There
Home Phone	Cell Phone	E-Mail Address	Number of Dependents?	
Previous Address	Street	City	State	Zip Code Years There
Name of Nearest Relative not Living with you	Address	Street	City	State Zip Phone Number Relationship
Name of Reference Not a Relative	Address	Street	City	State Zip Phone Number Relationship

Income Information

Employer	Address	Street	City	State	Zip	Phone Number
Position	Starting Date / /	Work Phone	Extension	Supervisors Name	Gross Income \$	Hr/ Mo
Previous Employer	Address	Position	Years of Service	Phone Number	Gross Income \$	Hr/Mo
Other Income: Sources & Amounts	Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered for repaying this obligation.					

Financial Information

Outstanding Judgments? Yes No	Filed Bankruptcy? Yes No	Property Foreclosed? Yes No	Party in a Lawsuit? Yes No	US Citizen? Yes No	Income likely to be reduced In the future? Yes No	Cosigner/Guarantor? Yes No
Savings Accounts	Checking Accounts	Vehicles you own				
Mortgage or Rent	Creditor Name	Account Number	Balance	Monthly Pmt		
2 nd Mortgage or Lot Rent						
Vehicle						
Vehicle						
Credit Card						
Credit Card						
Child Support and/or Alimony						
Other (Co-Signed?)						

Loan Information

Loan Amount Requested	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Personal	<input type="checkbox"/> Home Improvement
	<input type="checkbox"/> Revolving	<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Consolidation
			<input type="checkbox"/> Other
Collateral	Year	Make	Model
			Options
			Mileage
Are you interested in credit insurance?	<input type="checkbox"/> Single Credit Disability	<input type="checkbox"/> Joint Credit Disability	<input type="checkbox"/> Single Credit Life
			<input type="checkbox"/> Joint Credit Life

Comments:

I certify that all information contained in this application is correct to the best of my knowledge and I have disclosed all outstanding obligations currently owed. I hereby give the Credit Union authorization to check on my credit; employment history; obtain a credit report; and to answer question about my credit experience with you. I understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Signature _____ Date _____