

CREDIT UNION



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Eastpointe, Michigan 48021
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For Proper Evaluation,
Please Print or Type
and Complete Both Sides

APPLICATION FOR LOAN
(PERSONAL / SECURED CLOSED END)

- Closed End Loan
Open End Loan

Date
Note No.
Check No.

Information Regarding
Amount Requested
Applicant
Additional Party
Proceeds of Credit to be Used For
Date

Name
SOCIAL SECURITY NUMBER
MEMBER ACCOUNT NUMBER

Individual Credit:
Applicant's Signature Only
Guarantor
(Name)
(Have this person complete a separate loan application)

Joint Credit - Joint Applicant or Co-maker
(person who will be equally liable for repayment)
(Name)
(Have this person complete a separate loan application)
Relationship to Applicant, If Any:

Secured Credit - Collateral (describe)

MARITAL STATUS: Answer this question if this loan is for joint or secured credit, or if you reside in or rely on property located in a Community Property State (AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI)
Unmarried
Married
Separated

DEFINITE REPAYMENT PLAN
SOURCE
SCHEDULE OF REPAYMENT

CREDIT INSURANCE STATEMENT OF INTENT

Do you desire information regarding the following types of Credit Insurance:
Single Group Credit Life
Joint Group Credit Life
Single Disability
Joint Disability
Yes/No checkboxes

PERSONAL AND EMPLOYMENT INFORMATION

PRESENT HOME ADDRESS
CITY
STATE
ZIP CODE
YEARS THERE

PREVIOUS HOME ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS)
CITY
STATE
ZIP CODE
YEARS THERE

HOME PHONE
BIRTH DATE
DRIVER'S LICENSE NUMBER
NO. OF DEPENDENTS
SALARY
Gross
Net \$
PER WEEK
MONTH
YEAR

PRESENT EMPLOYER
CITY
STATE
ZIP CODE
YEARS THERE

POSITION OR TITLE
WORK PHONE
SUPERVISOR
DEPARTMENT

PREVIOUS EMPLOYER (IF EMPLOYED BY ABOVE LESS THAN 2 YEARS)
CITY
STATE
ZIP CODE
YEARS THERE

OTHER INCOME (DO NOT LIST ALIMONY, CHILD OR SPOUSAL SUPPORT OR SEPARATE MAINTENANCE PAYMENTS UNLESS YOU WISH THEM CONSIDERED AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED. IF LISTED, VERIFICATION MAY BE REQUESTED.)
SOURCE OF OTHER INCOME
PER WEEK
MONTH
YEAR

REFERENCES INFORMATION

INSTITUTION NAME
BRANCH
ADDRESS
ACCOUNT TYPE
ACCOUNT NUMBER

TWO RELATIVES NOT RESIDING WITH YOU
RELATIONSHIP
NAME AND ADDRESS
CITY / STATE
AREA CODE AND TELEPHONE NUMBER
PERSONAL REFERENCE
NAME AND ADDRESS
CITY / STATE
AREA CODE AND TELEPHONE NUMBER

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

OBLIGATIONS: List all personal and business debts, installment and other, including lease obligations and student loans, as well as revolving credit with banks and department stores. Include those debts which you have co-signed with your spouse or others. If no debts, list recently paid accounts. Use a separate sheet to list additional debts and check this box if you do. If any of the debts listed below are to be paid off with the proceeds of this loan a (✓) in the column entitled 'CHECK (✓) ACCOUNTS TO BE PAID BY THIS LOAN.'

NAME OF CREDITOR	ADDRESS AND CITY	PURPOSE OR ACCOUNT #	STATE *CURRENT* OR *DELINQUENT*	PRESENT BALANCE	MONTHLY PAYMENT	CHECK (✓) ACCOUNTS TO BE PAID BY THIS LOAN
HOME MORTGAGE OR LANDLORD RENTING OWN	HOLDER OF MORTGAGE		\$	\$	\$	
SECOND MORTGAGE HOLDER			\$	\$	\$	
CREDIT UNION			\$	\$	\$	
CREDIT CARD		CARD NUMBER	\$	\$	\$	
CREDIT CARD		CARD NUMBER	\$	\$	\$	
OTHER DEBTS			\$	\$	\$	
OTHER DEBTS			\$	\$	\$	
OTHER DEBTS			\$	\$	\$	
ALIMONY CHILD SUPPORT			\$	\$	\$	
AUTOMOBILES	MAKE MODEL YEAR LIEN HOLDER		\$	\$	\$	
	MAKE MODEL YEAR LIEN HOLDER		\$	\$	\$	
YOU HEREBY STATE, AFFIRM, REPRESENT AND WARRANT THAT YOUR TOTAL INDEBTEDNESS ON THIS DATE DOES NOT EXCEED				TOTAL MONTHLY OBLIGATIONS	\$	

Are there any other persons obligated on any of the above loans? No Yes
 Which ones and who? _____
 Are you a co-maker, co-signer or guarantor on any loan? No Yes
 For whom? _____ To whom? _____
 Have you ever filed a petition in bankruptcy or a Chapter 13 petition? No Yes if so, provide details on a separate sheet of paper.

PLEASE READ BEFORE SIGNING

All the information in this application is true and complete. You understand that 18 U.S.C. § 1014 makes it a federal crime to knowingly make any false statement on this application. The Credit Union has your permission to check this application and may retain this application even if the loan is not approved. You authorize the Credit Union to obtain information from others about your credit and to answer questions and requests from others seeking credit or experience information about you or your accounts with us.

APPLICANT'S SIGNATURE
 X _____

TO BE COMPLETED BY LOAN OFFICER

Seller _____
 Salesman _____ Ph. No. _____
 Year & Make _____
 Model _____ Body Style _____
 I.D. No. _____
 AT 5 Spd. PB Tilt Wheel
 Std AC VT AM/FM Stereo
 4 Spd PS AM/FM AM/FM Tape
 Power Door Locks Power Seats Cruise Cont.
 New Used Demo Power Windows
 Rental
 Mileage _____ Purchase Price \$ _____
 Average Retail \$ _____ Loan Value \$ _____

COLLATERAL INSURANCE INFORMATION

Ins. Agent _____ Phone _____
 Policy No. _____ Exp. Date _____
 Ins. Co. _____
 Member agrees to keep at least \$ _____ deductible collision and \$ _____ deductible comprehensive insurance in force on the following vehicles until this loan is paid off:
 1st Vehicle _____ 2nd Vehicle _____
 Member will provide proof of insurance
 Member does not need to provide proof of insurance. However, if account becomes delinquent, proof of insurance will be required.
 No insurance is required on this loan.
 Member may obtain insurance from an agent and company of member's choice.
 Member's Signature _____
 Loan Officer's Initials _____

FOR CREDIT UNION USE ONLY — DO NOT FILL IN BELOW THIS LINE

Repayment Record Prompt Fair Poor Comment by treasurer or credit department _____

LOAN OFFICER ACTION

Loan officer: I approve the loan as submitted. Special conditions of approval if any _____
 Loan referred to CC. Reason _____
 LO signature _____ Date _____

CREDIT COMMITTEE ACTION

APPROVED (subject to special conditions set forth below):

 Credit Committee: _____

 ECOA notice and Reason for Rejection sent or delivered on _____

DISAPPROVED (for the following reason):

 The following counteroffer will be made to the applicant and if accepted, we approve the loan. Describe:

 Outside information considered No Yes Describe _____
 Credit Manager: _____