

**\$20 fee due at time of application**



**APPLICATION FOR LOAN**

1807 W. Cermak Road  
 Broadview, IL 60155  
 Phone: 708-343-0228 Fax: 708-681-2524

CREDIT UNION USE ONLY	
Member Number: _____	
Branch: _____	

<p>1. Please type or legibly print this form.                  2. <b>Complete the form in its entirety and attach copies of 2 most recent proofs of income.</b>                  3. Do not write in any of the shaded areas.                  4. Contact the loan department with any questions you may have.</p>	<p><b>SECTION KEY</b>                  Completed:</p> <p><input type="checkbox"/> A.            <input type="checkbox"/> F.  <input type="checkbox"/> B.            <input type="checkbox"/> G.  <input type="checkbox"/> C.            <input type="checkbox"/> H.  <input type="checkbox"/> D.            <input type="checkbox"/> I.  <input type="checkbox"/> E.</p>
<p>To indicate the type of credit you are applying for, check on of the following:</p> <p><input type="checkbox"/> Individual Credit: Complete applicant sections if you are relying <u>only on your income</u> and assets to establish credit.  <input type="checkbox"/> Joint Credit: Complete applicant and co-applicant sections providing information about you and the other party.</p>	

I / WE apply for a closed-end Loan of: \$ \_\_\_\_\_ to be used for: \_\_\_\_\_  
 repaid in \_\_\_\_\_ months or with a minimum monthly payment of: \$ \_\_\_\_\_ BY:  MAIL  
 PAYROLL DEDUCTION  
 I am applying for the following type of credit:  
 Vehicle (Description) \_\_\_\_\_ FROM:  CHECKING  
 Secured Loan With Title \_\_\_\_\_  Stock  SAVINGS  
 Share Account Secured (Acct. Number) \_\_\_\_\_  Other (Describe) \_\_\_\_\_

A. Applicant	
Name	Social Security Number
Present Address (Street)	Years at this address
(City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent Payment Amounts
Previous Address (Street)	Years at this address
(City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Birth Date	Drivers License #
Home Phone	Cell Phone
Email	
Complete for Joint Credit, Secured Credit or if you live in a Community Property State. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)	
Number of dependents other than self	Ages

Co-Applicant - Relationship _____	
Name	Social Security Number
Present Address (Street)	Years at this address
(City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent Payment Amounts
Previous Address (Street)	Years at this address
(City, State, Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Birth Date	Drivers License #
Home Phone	Cell Phone
Email	
Complete for Joint Credit, Secured Credit or if you live in a Community Property State. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)	
Number of dependents other than self	Ages

B. Employment and Income Information		
Present Employer		
Address (Street, City, State, Zip)		
Job Title	Supervisor	Business Phone
Date Employed Mo. / Year	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business
Notice: Alimony, Child Support or Separate Maintenance income need not be revealed if you do not choose to have it considered		
<input type="checkbox"/> Gross <input type="checkbox"/> Net	Other Income	Sources
\$ Per	\$ Per	
If employed in current position less than 2 years, complete the following:		
Previous Employer Name and Address		Starting Date Mo. / Year
		Ending Date Mo. / Year

Employment and Income Information		
Present Employer		
Address (Street, City, State, Zip)		
Job Title	Supervisor	Business Phone
Date Employed Mo. / Year	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Business
Notice: Alimony, Child Support or Separate Maintenance income need not be revealed if you do not choose to have it considered		
<input type="checkbox"/> Gross <input type="checkbox"/> Net	Other Income	Sources
\$ Per	\$ Per	
If employed in current position less than 2 years, complete the following:		
Previous Employer Name and Address		Starting Date Mo. / Year
		Ending Date Mo. / Year

C. References	
Name / Address Nearest Relative not Living With You	Relationship
	Home Phone
Business / Personal Reference	Relationship
	Home Phone

References	
Name / Address Nearest Relative not Living With You	Relationship
	Home Phone
Business / Personal Reference	Relationship
	Home Phone

<b>D. Financial Statement</b>									
Loans and Obligations (include Spouse / Co-Applicant, if that section on original application completed) Check One (A - Applicant C - Co-Applicant)									
Creditors / Credit Cards	Address / Account Numbers	Purpose	Original Amt.	Present Bal.	Monthly Pmt.	A			C
			\$	\$	\$				
Subtotal OTHER Loan Detail									
Totals									
<b>E. These Questions Apply to Both Applicant and Co-Applicant</b>									
If you answer "Yes" to any of these questions, provide details below		ARE ANY OF THESE DEBTS PAST DUE <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU CURRENTLY A CO-MAKER ON A LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F. Assets</b>									
	NAME OF INSTITUTIONS	IDENTIFICATION DATA	YEAR PURCHASED	PRICE	BALANCE OWED	PRESENT VALUE			
HOME									
OTHER REAL ESTATE									
AUTO-LIST MAKE/MODEL YEAR									
SAVINGS									
CHECKING ACCOUNT									
STOCKS/BONDS									
OTHER									
<b>G. Credit Life and Disability Insurance</b>									
Credit Life and Credit Disability Insurance is available to protect your loan. Credit Life Insurance can reduce or pay off your loan if you die. Credit Disability Insurance can help make your loan payments if you should become disabled and unable to work. To be eligible for Group Life and Disability Insurance: • You and your co-applicant must be under age 70 for Credit Life Insurance or under age 66 for Credit Disability Insurance to apply for these coverages. • You must be presently working outside the home for wages or profit for 25 hours or more per week for the past 30 days or more to apply for Credit Disability Insurance. During the last three years, you and your co-applicant have NOT been medically advised of or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).									
<i>I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. I plan to apply for the insurance coverage(s) checked below. Insurance coverage will become effective, after I apply and meet the eligibility requirements of the group policies, when my loan is approved.</i>									
<input type="checkbox"/> Yes <input type="checkbox"/> No Single Credit Life <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Credit Life <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Disability									
<b>H. Mechanical Breakdown Insurance (auto loans only)</b>					<b>GAP (Guaranteed Asset Protection)</b>				
I wish to apply for: Mechanical Breakdown Insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No					I wish to apply for: GAP Insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>I. Signatures</b>									

**PLEASE READ BEFORE SIGNING:**

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved. I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If the application is for two of us, this statement applies to both of us.)

APPLICANT'S SIGNATURE X	DATE	OTHER SIGNATURE (WHERE APPLICABLE) X	DATE
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**Loan Officer Action**

Date Approved _____	Payment Method: _____
LO or CC _____	Closing Date, Time/Office _____
_____	Payable To _____