

U.P. Catholic Credit Union

Phone: (906) 228-7080 • Fax: (906) 228-5090



LOAN APPLICATION

Account No. _____

NOTICE: Married applicants may apply for individual credit.

Check the box indicating the type of credit you are applying for:

Individual Credit:

- 1) Complete applicant section if you are relying only on your own income and assets to establish credit.
- 2) Complete spouse section providing information about your spouse or former spouse if you reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if you are relying on alimony, child support or separate maintenance payments to establish credit.

Joint Credit:

- 1) Complete applicant and co-applicant section providing information about you and the other party.
- 2) Each joint applicant must sign below.

We intend to apply for joint credit: (Applicant Signature) X (Co-Applicant Signature) X

Payment Method (Check one): Payroll Deduction Coupon Book Automatic Transfer on _____

Type of Loan Requested Unsecured (Signature loan) Secured by (Check applicable): ___ Vehicle ___ Savings ___ Boat ___ Stock

Amount Requested \$ _____

Purpose and Collateral _____

FOR CREDIT UNION USE ONLY	
<input type="checkbox"/> Approved \$ _____	
<input type="checkbox"/> Rejected - ECOA notice sent on: _____	
Credit Committee or Loan Officer _____	
Signature _____	Date _____

APPLICANT

CO-APPLICANT GUARANTOR SPOUSE

Name	Name
PRESENT ADDRESS (Street - City - State - Zip)	PRESENT ADDRESS (Street - City - State - Zip)
No. Years <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Purchase Price \$ _____ ★ Est. Value \$ _____ <input type="checkbox"/> Own ★ Balance Owed \$ _____	No. Years <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Purchase Price \$ _____ ★ Est. Value \$ _____ <input type="checkbox"/> Own ★ Balance Owed \$ _____
PREVIOUS ADDRESS (Street - City - State - Zip)	PREVIOUS ADDRESS (Street - City - State - Zip)
Drivers License #	Drivers License #
Home Phone Number Social Security Number Birthdate	Home Phone Number Social Security Number Birthdate
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)	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)
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYER
Employer Phone # Position Other Income ★	Employer Phone # Position Other Income ★
Income (please attach proof) Gross Net Years Employed <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	Income (please attach proof) Gross Net Years Employed <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Previous Employer (Complete if current is less than 3 years)	Previous Employer (Complete if current is less than 3 years)
Automobile Year Make Model Bal. Owed	Automobile Year Make Model Bal. Owed
Automobile Year Make Model Bal. Owed	Automobile Year Make Model Bal. Owed
Nearest Relative (Complete Name and Address) Phone #	Nearest Relative (Complete Name and Address) Phone #
Personal Reference (Complete Name and Address) Phone #	Personal Reference (Complete Name and Address) Phone #
★NOTE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.	★NOTE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.
Bank (Name) Type of Account Interest Rate	Bank (Name) Type of Account Interest Rate

APPLICANT CREDIT INFORMATION. OUTSTANDING DEBTS.

List all debts, i.e., Car Loans, Bank Loans, Finance Companies, Credit Unions, Department Stores, Credit Card accounts. Attach Additional Sheet if Necessary.

Name of Creditor	Interest Rate	Value of Collateral If Secured Loan	Monthly Payments	Balance Owed	Amount Past Due
1.					
2.					
3.					
4.					
5.					
6.					

CREDIT INSURANCE: Credit Insurance is available for a nominal cost and is not required for you to be approved for credit. If you are interested in credit insurance please check below. If you are approved for credit the information involved will be sent to you. Credit disability Single Credit Life Joint Credit Life

MUST sign below – I understand that I may purchase credit life and/or disability insurance on this loan. Any uninsured balance is payable upon death.

I wish to complete an enrollment form (coverage desired) I do not want this coverage

X _____ Member Signature X _____ Joint Owner's Signature

To the best of my knowledge, I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment plus answer any questions regarding my credit experience with you.

APPLICANT'S SIGNATURE <u>X</u>	DATE	CO-APPLICANT'S/GUARANTOR SIGNATURE <u>X</u>	DATE
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