

**IBEW LOCAL #146 CREDIT UNION  
LOAN APPLICATION**

I, \_\_\_\_\_ would like to apply for a \$ \_\_\_\_\_ loan to be paid in \_\_\_\_\_ months.

This loan will be used for \_\_\_\_\_.

PAYMENT METHOD: \_\_\_\_\_ Payroll Deduction \_\_\_\_\_ Personal Check, Cashiers Check, or Cash

NAME (print): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ Unmarried \_\_\_\_\_ Married \_\_\_\_\_ No. of Dependents

COLLATERAL OFFERED: \_\_\_\_\_ Shares \_\_\_\_\_ Automobile \_\_\_\_\_ Other

EMPLOYERS NAME: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Position: \_\_\_\_\_ how long? \_\_\_\_\_

PERSONAL REFERENCE OR NEAREST RELATIVE: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ Address \_\_\_\_\_ Phone number \_\_\_\_\_

SALARY, WAGES, COMMISSIONS: \$ \_\_\_\_\_ FREQUENCY: \_\_\_\_\_  
OTHER PERSONAL INCOME: \$ \_\_\_\_\_ CHILD SUPPORT: \$ \_\_\_\_\_ DISABILITY: \$ \_\_\_\_\_  
SEPARATE MAINTENANCE: \$ \_\_\_\_\_

IS ANY INCOME LISTED LIKELY TO CHANGE BEFORE THE LOAN IS PAID OFF? \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

ARE YOU RELYING ON INCOME FROM ANOTHER PERSON TO PAY THIS LOAN? \_\_\_\_\_  
If yes, name \_\_\_\_\_. (If yes, this party should complete and sign the co-maker statement.)

HAVE YOU DECLARED BANKRUPTCY? \_\_\_\_\_ (omit if over 10 years). When? \_\_\_\_\_

DO YOU HAVE ANY JUDGEMENTS, GARNISHMENTS OR LEGAL PROCEEDINGS AGAINST YOU? \_\_\_\_\_  
If so, explain fully: \_\_\_\_\_.

ARE YOU A CO-MAKER ON ANY OTHER LOANS? \_\_\_\_\_ for whom have you co-signed? \_\_\_\_\_  
What are the monthly payments? \_\_\_\_\_

LIST BELOW THE LOANS THAT YOU NOW HAVE, WHO THEY ARE WITH, AND HOW MUCH THE MONTHLY PAYMENTS ARE.  
IF YOU ARE USING THIS LOAN TO PAY ON THESE LOANS, MARK THE LOAN WITH AN X.

TO WHOM OWED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
Auto Loans:			
Mortgages/ Home Equity Loans/ Rent: How long? Years:			
Credit Card Debt:			
Student Loans:			
Personal Loans:			
Credit Union Loans:			
Other Obligations:			
<b>Totals</b>			

Everything that I have stated in this application is correct 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 history.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CO-MAKER AGREEMENT**

NAME OF LOAN APPLICANT: \_\_\_\_\_ LOAN AMOUNT: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_ DATE OF LOAN: \_\_\_\_\_

**CO-MAKER STATEMENT AND INFORMATION**

Having read the foregoing application for a personal loan and being willing to become co-maker with \_\_\_\_\_ for the desired loan. I am signing this note and understand that I am responsible for the payment for this loan in the event that the person for whom I have co-signed should default.

CO-MAKER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Co-maker name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_ Dr. License#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ how long employed? \_\_\_\_\_ Position: \_\_\_\_\_

Salary, wages, commissions: \_\_\_\_\_ How often paid: \_\_\_\_\_

Other income: \_\_\_\_\_

Personal bank name and address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Are you a co-maker on any other loans? \_\_\_\_\_ If yes, for whom? \_\_\_\_\_

What are the monthly payments? \_\_\_\_\_

**LIST BELOW THE LOANS THAT YOU NOW HAVE, WHO THEY ARE WITH AND HOW MUCH THE MONTHLY PAYMENTS ARE.**

TO WHOM OWED	PRESENT BALANCE	MONTHLY PAYMENT
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AUTO LOANS:

MORTGAGES/ HOME EQUITY LOANS/ RENT: How Long? Years:

CREDIT CARD DEBT:

STUDENT LOANS:

PERSONAL LOANS:

CREDIT UNION LOANS:

OTHER OBLIGATIONS: