

APPLICATION FOR LOAN MOBILE GOVERNMENT EMPLOYEES CREDIT UNION

DATE: _____

NAME: _____ CREDIT UNION ACCOUNT NUMBER: _____

I/WE HEREBY APPLY FOR A LOAN AS FOLLOWS: ** TO BE COMPLETED BY APPLICANT(S)

AMOUNT OF MONEY REQUESTED: ** \$ _____ TO BE REPAYED IN (No. of months) _____

PAYMENT METHOD: ** BI-WEEKLY MONTHLY (10th OF EACH MONTH)

PURPOSE OF LOAN ** _____

TYPE OF LOAN: **

- INDIVIDUAL CREDIT (APPLICANT SIGNATURE ONLY)
 JOINT CREDIT (BOTH APPLICANTS WILL BE EQUALLY LIABLE FOR REPAYMENT)

NAME OF JOINT APPLICANT: _____

RELATIONSHIP TO APPLICANT, IF ANY: _____

SECURED CREDIT (COLLATERAL REQUIRED)

SHARE LOAN: SHARES IN ACCOUNT(S) _____ AMOUNT \$ _____

NEW/USED AUTO: MAKE ** _____ YEAR ** _____ VALUE \$ _____

OTHER: _____

OWNER(S) NAME: ** _____

MARRIED SEPARATED UNMARRIED (SINGLE, DIVORCED, WIDOWED)

FOR CREDIT UNION USE ONLY

OLD LOAN BALANCE (IF ANY): \$ _____

ACCRUED FINANCE CHARGES (INTEREST DUE): \$ _____

OTHER CHARGES: \$ _____

TOTAL NEW LOAN: \$ _____

PAYMENTS OF \$ _____

CREDIT COMMITTEE/LOAN OFFICER ACTION

LOAN OFFICER: _____

- I APPROVE LOAN AS SUBMITTED.
 I DISAPPROVE LOAN AS SUBMITTED. (PROVIDE COMMENTS BELOW)
 THE FOLLOWING COUNTER OFFER WILL BE MADE TO THE APPLICANT(S) AND IF ACCEPTED, THE LOAN IS APPROVED. (DESCRIBE)

COUNTER OFFER ACCEPTANCE: BORROWER/APPLICANT _____ DATE: _____

CO-BORROWER/CO-APPLICANT _____ DATE: _____

LOAN OFFICER SIGNATURE: _____ DATE: _____

APPLICATION FOR LOAN

MOBILE GOVERNMENT EMPLOYEES CREDIT UNION

BORROWER: ** (PRIMARY MEMBER) CREDIT UNION ACCOUNT NUMBER: _____
 FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____ ZIP: _____ YEARS THERE _____

HOME PHONE: _____ WORK PHONE: _____ DATE OF BIRTH: _____
 IF IN PRESENT RESIDENCE LESS THAN 2 YEARS, COMPLETE NEXT LINE:

PREVIOUS ADDRESS: _____ ZIP: _____

IF RENTING, NAME OF LANDLORD: _____ MONTHLY RENT: _____

EMPLOYER NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____ ZIP: _____

DATE EMPLOYED: _____ POSITION: _____

SALARY: _____ WEEKLY BI-WEEKLY MONTHLY GROSS NET
 IF EMPLOYED BY THE ABOVE LESS THAN 3 YEARS, COMPLETE THE NEXT 2 LINES:

PREVIOUS EMPLOYER: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____ ZIP: _____

NOTICE: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF THE BORROWER OR CO-BORROWER DOES NOT CHOOSE TO HAVE IT CONSIDERED AS A MEANS OF REPAYING THIS LOAN.

OTHER INCOME: _____ PER _____ SOURCE: _____
 (ATTACH ANOTHER SHEET IF NECESSARY.)

ATTACH PROOF OF INCOME FOR ALL INCOME LISTED (PAY STUB, TAX RETURNS, ETC.)

IS ANY INCOME LISTED ON THIS APPLICATION LIKELY TO BE REDUCED IN THE NEXT TWO YEARS OR BEFORE THE CREDIT REQUESTED IS PAID OFF? YES NO (IF YES, EXPLAIN IN DETAIL ON A SEPARATE PAGE)

PARENTS OR NEAREST RELATIVE NOT LIVING WITH YOU:

NAME: _____ HOME PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____ ZIP: _____

OUTSTANDING DEBT (LIST EVERYTHING)
 (ATTACH ANOTHER SHEET IF NECESSARY.)

CREDITOR	MONTHLY PMT	BALANCE DUE	Joint account w/Co-applicant? (Yes or No)

ARE THERE ANY OTHER PERSONS OBLIGATED ON ANY OF THE ABOVE LOANS? NO YES

IF NOT WITH THE CO-APPLICANT, THEN WHICH ONES AND WHO? _____

ARE YOU A CO-MAKER/GUARANTOR ON ANY LOAN? YES NO

IF YES, FOR WHOM: _____ TO WHOM: _____ BALANCE: _____

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS **YES**, PLEASE FURNISH AN EXPLANATION ON SEPARATE SHEET OF PAPER.

HAVE YOU ANY OUTSTANDING JUDGMENTS, GARNISHMENTS, OR LEGAL PROCEEDINGS PENDING AGAINST YOU? YES NO

IN THE PAST FOURTEEN YEARS, HAVE YOU FILED FOR BANKRUPTCY? YES NO

I HAVE READ THE COMPLETE APPLICATION IN ITS ENTIRETY. TO THE BEST OF MY KNOWLEDGE, EVERYTHING THAT I STATED IN THIS APPLICATION IS CORRECT. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.

SIGNATURE OF MEMBER: _____ DATE: _____

APPLICATION FOR LOAN

MOBILE GOVERNMENT EMPLOYEES CREDIT UNION

SPOUSE/CO-APPLICANT: _____ CREDIT UNION ACCOUNT NUMBER: _____
 FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____ ZIP: _____ YEARS THERE _____

HOME PHONE: _____ WORK PHONE: _____ DATE OF BIRTH: _____
 IF IN PRESENT RESIDENCE LESS THAN 2 YEARS, COMPLETE NEXT LINE:

PREVIOUS ADDRESS: _____ ZIP: _____

IF RENTING, NAME OF LANDLORD: _____ MONTHLY RENT: _____

EMPLOYER NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____ ZIP: _____

DATE EMPLOYED: _____ POSITION: _____

SALARY: _____ WEEKLY BI-WEEKLY MONTHLY GROSS NET
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SIGNATURE OF SPOUSE/CO-APPLICANT: _____ DATE: _____