

# PHI FEDERAL CREDIT UNION

## LOAN APPLICATION (For All Loan Types)

Application Fee - \$10.00

Date: \_\_\_\_\_

Account # \_\_\_\_\_

Amount of money requested-----\$ \_\_\_\_\_

Purpose of Loan \_\_\_\_\_

To be repaid in \_\_\_\_\_ bi-weekly payments of-----\$ \_\_\_\_\_

To be repaid in \_\_\_\_\_ monthly payments of -----\$ \_\_\_\_\_

Would you want Credit Disability Insurance-----Yes or No

Would you want Single Credit Insurance-----Yes or No

Would you want Joint Credit Insurance-----Yes or No

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### INFORMATION ON APPLICANT:

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Years there \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Drivers Lic. \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Present Employer \_\_\_\_\_ Position or Title \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status:      Unmarried      Married      Separated

Dependents (except self) \_\_\_\_\_ Ages \_\_\_\_\_

Name of your nearest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

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Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

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Salary (Gross or Net) \$ \_\_\_\_\_ Per \_\_\_\_\_

Other Income \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_

**IS ANY INCOME LISTED LIKELY TO BE REDUCED BEFORE THIS LOAN IS PAID OFF? YES OR NO**

**If Joint Credit (person equally liable for repayment) is used for this loan, that person must fill out a separate loan application & verification of employment. If any other income is used, we must have verification (such as another part time job). This form must be completed in full for loan consideration.**

# OUTSTANDING DEBTS

(PLEASE LIST EVERYTHING)

CREDITOR & ACCOUNT #	Present Balance	Monthly Payment	Past Due
RENT			
LEASE			
MORTGAGE			
AUTO LOAN			
CREDIT UNION			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			
OTHER			
OTHER			
OTHER			
OTHER			
ALIMONY, CHILD SUPPORT			
TOTALS			
<b>(Attach another sheet if necessary. If we are paying out any loans, please an * next to it.)</b>			

Are you a co-maker, co-signer or guarantor on any loan? Yes or No

Creditor & Account # \_\_\_\_\_ Loan Balance \_\_\_\_\_ Mo. Payments \_\_\_\_\_

Have you declared bankrupt in the last 14 years? Yes or No You must provide us a bankruptcy creditor listing and account #'s.

**Everything that I have stated in this application is correct to the best of my knowledge. I hereby authorize you the Leader to Obtain a Consumer Credit Report, to verify my employment history, and to verify other credit information including past and present with any of my creditors that is needed to process this loan. I understand that falsifying information will lead to legal prosecution**

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ I approve the loan as submitted.

**Loan Officer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ The following counter offer will be made to the applicant and if accepted, we approve the loan

**Reason for rejection:** \_\_\_\_\_

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

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

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

RELOG LO/CC Initials: \_\_\_\_\_ DATE: \_\_\_\_\_