



# MEMBER LOAN REQUEST FORM

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

## Member Loan Application Information

Yes! I want to apply for a \_\_\_\_\_ loan in the amount of \$ \_\_\_\_\_

I am interested in: Credit Life and Disability  Payroll Deduction   
 Major Mechanical Protection (MMP)  Guaranteed Asset Protection (GAP)

NAME	HOME PHONE	E-MAIL	CU ACCT #
EMPLOYER	BUSINESS ADDRESS	POSITION/TITLE	DATE OF HIRE
BUSINESS PHONE	SOCIAL SECURITY #	GROSS MONTHLY INCOME	RENT OR MORTGAGE PAYMENT

## Spouse/Co-Applicant Information

*(If applying jointly with a spouse or co-applicant, the following information must be completed and the application signed by the spouse or co-applicant)*

NAME	HOME PHONE	E-MAIL	CU ACCT # (IF APPLICABLE)
EMPLOYER	BUSINESS ADDRESS	POSITION/TITLE	DATE OF HIRE
BUSINESS PHONE	SOCIAL SECURITY #	GROSS MONTHLY INCOME	RENT OR MORTGAGE PAYMENT

## References (must include one relative not living with you)

NAME	RELATIONSHIP
ADDRESS	PHONE E-MAIL
NAME	RELATIONSHIP
ADDRESS	PHONE E-MAIL

## Applicant(s) Signature(s)

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
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## For Credit Union Use Only

Referred by:

Website \_\_\_ Direct Mail \_\_\_ Statement Insert \_\_\_ Previous Business \_\_\_ Another Member \_\_\_ Workplace \_\_\_ Other \_\_\_\_\_