

The LOCAL Federal Credit Union

P.O. Box 560303
 Dallas, Texas 75356-0303
 Phone: (214) 638-0404 • FAX: (214) 638-0068

LOAN APPLICATION

DATE _____ ACCOUNT NUMBER _____

If you are applying for a joint account, live in a community property state (AK, AZ, CA, ID, LA, NM, NV, PR, TX, WA, WI) or are relying on your spouse's salary as a source of income, you must complete the Applicant and Other Applicant section below.

You intend to apply for joint credit.

Applicant Signature **X** _____ Co-Applicant Signature **X** _____

AMOUNT REQUESTED	PURPOSE OF LOAN	COLLATERAL OFFERED	TERM	CASH PAY <input type="checkbox"/>	PRD <input type="checkbox"/>
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APPLICANT INFORMATION

OTHER: SPOUSE/CO-APPLICANT INFORMATION

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY	DRIVERS LICENSE NO.		BIRTH DATE	
CURRENT STREET ADDRESS			APT. NO.	SINCE (MO/YR)
CITY			STATE	ZIP
FORMER ADDRESS			YEARS THERE	
DO YOU <input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE NO.	NO. OF DEP.	AGES OF DEPENDENTS	
NAME, ADDRESS AND PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				
PERSONAL REFERENCE—NAME, ADDRESS, PHONE				
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)				

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SOCIAL SECURITY	DRIVERS LICENSE NO.		BIRTH DATE	
CURRENT STREET ADDRESS			APT. NO.	SINCE (MO/YR)
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FORMER ADDRESS			YEARS THERE	
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NAME, ADDRESS AND PHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				
PERSONAL REFERENCE—NAME, ADDRESS, PHONE				
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Employment If self-employed or retired, attach financial statement or income tax return.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS		
WORK PHONE	POSITION	MONTHLY GROSS INCOME \$
FORMER EMPLOYER		YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS		
WORK PHONE	POSITION	MONTHLY GROSS INCOME \$
FORMER EMPLOYER		YEARS THERE

Other Income You need not list income from child support or separate maintenance payments unless you want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT \$
NAME AND ADDRESS OF PAYER	

Assets and Deposits

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	APPROX. BAL.
CHECKING			
SAVINGS			
OTHER			
DESCRIPTION OF CLEAR TITLE ASSETS		VALUE	Pledged as Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO
CAR 1		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
CAR 2		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

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CHECKING			
SAVINGS			
OTHER			
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CAR 1		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
CAR 2		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ASSETS		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

