

Account # _____ Shares Balance \$ _____

Amount Requested \$ _____ for _____ months

Purpose of Loan _____

Collateral Offered _____

Unsecured/Secured Closed End
Loan Application

Applicant's First Name	Middle Name	Last Name	Suffix
Current Street Address		City/State/ZIP	Time at Address (Yrs/Mos)
Previous Address if under 5 years		City/State/ZIP	
Home Phone ()	Date of Birth	Social Security Number	Driver's Licence Number/State Issued
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			No. of Dependents Age(s) of Dependent(s)
Name of nearest relative not living with you	Home Phone ()	Address	City/State/ZIP
Name of personal reference	Home Phone ()	Address	City/State/ZIP
Current Employer	Telephone ()	Address	City/State/ZIP
Position or Title	Department	Supervisor	Time Employed (Yrs/Mos)
Previous Employer if under 5 years	Telephone ()	Address	City/State/ZIP
Please provide a copy of your most recent paystub. If self-employed or retired, attach financial statement and/or last 3 income tax returns		Income \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Gross (before taxes) <input type="checkbox"/> Annually <input type="checkbox"/> Net (after taxes)
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. Attach Verification.			
Source of Other Income:		Other Income \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Checking Account Number	Name of Bank/Branch	Balance \$	
Savings Account Number	Name of Bank/Branch	Balance \$	
Other Svgs & Loan CU Acct Number	Name of CU/Branch	Balance \$	

Co-Applicant's First Name	Middle Name	Last Name	Suffix
Current Street Address		City/State/ZIP	Time at Address (Yrs/Mos)
<input type="checkbox"/> Same as Applicant			
Home Phone ()	Date of Birth	Social Security Number	Driver's Licence Number/State Issued
Name of nearest relative not living with you	Home Phone ()	Address	City/State/ZIP
Name of personal reference	Home Phone ()	Address	City/State/ZIP
Current Employer	Telephone ()	Address	City/State/ZIP
Position or Title	Department	Supervisor	Time Employed (Yrs/Mos)
Previous Employer if under 5 years	Telephone ()	Address	City/State/ZIP
Please provide a copy of your most recent paystub. If self-employed or retired, attach financial statement and/or last 3 income tax returns		Monthly Gross Income \$	Hourly/Salary \$
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. Attach Verification.			
Source of Other Income:		Other Income \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Checking Account Number	Name of Bank/Branch	Balance \$	
Savings Account Number	Name of Bank/Branch	Balance \$	
Other Svgs & Loan CU Acct Number	Name of CU/Branch	Balance \$	

Liabilities and Outstanding Indebtedness

Include information regarding your property and debts. Use separate sheet if necessary. Include alimony, child support and maintenance income, guarantees of other debts (e.g., notes on which you are a co-signer, and if married, liabilities for which you and your spouse are jointly liable.) Include credit cards without current balances.

Name of Account or Type of Loan	Name of Creditor	Collateral or Purpose	Original Amount or Credit Line	Balance Due	Monthly Payment
Motor Vehicle Loan					
Motor Vehicle Loan					
RV, Boat or Other Loan					
Bank(s) or Credit Union(s)					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Alimony or Child Support					
Other					
Other					

- Own a house/townhouse Own a mobile home Rent - Furnished Live with Parent(s)
 Free and clear Free and clear Rent - Unfurnished Live with Spouse's Parent(s)

Name of Landlord or Mortgage Holder	Current Market Value	Original Amount	Balance Due	Monthly Payment
Primary Residence				
Additional Property or 2nd Mortgage Holder				

\$ _____ \$ _____
Total Total

1. Are there any other persons obligated on any of the above items? Applicant Yes Applicant No Co-Applicant Yes Co-Applicant No
 If yes, which ones and who? _____
2. Are you a co-maker, co-signer or guarantor of any loans? Yes No Yes No
 If yes, for whom? _____
3. Have you declared personal bankruptcy in the last 14 years? Yes No Yes No
 If yes, please give full explanation (use back page if necessary) _____
4. Are you currently in the process of bankruptcy? Yes No Yes No
5. Have you ever had anything repossessed? Yes No Yes No
 If yes, please explain _____
6. Have you ever been turned over for collections? Yes No Yes No
 If yes, please explain _____

Applicant states that all information provided is true and correct. Applicant authorizes EM Federal Credit Union to check credit and employment history and salary. Applicant allows EMFCU to respond to third party credit inquiries and only disclose payment history.

Applicant's Name (Print) _____ Signature _____ Date _____

Co-Applicant's Name (Print) _____ Signature _____ Date _____