



Credit Union Consumer Loan Application

Please check if you are applying for: <input type="checkbox"/> Auto <input type="checkbox"/> Rec. Vehicle <input type="checkbox"/> Revolving Credit/Overdraft <input type="checkbox"/> Collateral <input type="checkbox"/> Personal <input type="checkbox"/> Vacation <input type="checkbox"/> Home Improvement		For Credit Union Use Only <input type="checkbox"/> Loan Approved \$ _____ - <input type="checkbox"/> Loan Denied Reason for Denial _____ Loan Officer: _____ Date: _____	
Amount applied for: \$ _____	Payment Protection Plan: <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> None <input type="checkbox"/> Joint Life		Length of Payment - Mos. <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other (Specify) _____
Purpose of Loan (MUST Complete)			Payroll Deduction <input type="checkbox"/>
			Coupons <input type="checkbox"/>

Please print above lines

Applicant Name (Last - First - Middle)	Social Security Number	Date of Birth
Home Address (City, State, Zip Code)	How Long?	Home Phone
Employer and Address of Employer	Position	How Long?
Previous Employer and Address of Employer	Position	How Long?
Name and Address of Nearest Relative Not Currently Living with You	Home Phone	
Monthly Mortgage/Rent Payment	Institution/Landlord	

Please print above lines

Co-Applicant Name (Last - First - Middle)	Social Security Number	Date of Birth
Home Address (City, State, Zip Code)	How Long?	Home Phone
Employer and Address of Employer	Position	How Long?
Previous Employer and Address of Employer	Position	How Long?
Name and Address of Nearest Relative Not Currently Living with You	Home Phone	
Monthly Mortgage/Rent Payment	Institution/Landlord	

OTHER ANNUAL INCOME (BOTH APPLICANTS): You may include a pension, SSI, rental income, and any other earnings. You do not need to include alimony, child support or separate maintenance if you do not wish to have it relied upon for this application. \$ _____.

I/We understand that EMMC Federal Credit Union will retain this application whether or not it is approved. EMMC Federal Credit Union is authorized to check my/our credit and employment plus answer any questions regarding my/our credit experience with the Credit Union. Everything stated in this application is true. I/We agree that use of my/our account and if applicable any checks will be subject to EMMC Credit Union's credit agreement/disclosure and any other applicable rules and regulations.

X		X	
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE

Membership eligibility required. One of the prerequisites for your loan(s) is membership in the Credit Union with a minimum balance of \$25 in a savings account.