

# LOAN APPLICATION PERSONAL CREDIT

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**Name of Credit Union:** \_\_\_\_\_  
**Branch:** \_\_\_\_\_

**Date of Application:**  
/ /  
(DD/MM/YY)

## 1. PERSONAL INFORMATION

NAME OF APPLICANT (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.	ACCOUNT #
PRESENT HOME ADDRESS		OWN, RENT, OTHER	YEARS THERE	
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		HOME TELEPHONE #	FAX/CELLULAR #	
PREVIOUS HOME ADDRESS	YEARS THERE	E-MAIL ADDRESS		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE #	
# OF DEPENDENTS	AGE(S) OF EACH	STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	DATE OF MEMBERSHIP (DD/MM/YY) / /	

## 2. EMPLOYMENT INFORMATION

NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF EMPLOYER	EMPLOYEE #	TELEPHONE #
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF PREVIOUS EMPLOYER	TELEPHONE #	

## 3. SPOUSE'S EMPLOYMENT INFORMATION

NAME OF SPOUSE (SURNAME, MAIDEN NAME (if applicable), FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.
NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS	
ADDRESS OF EMPLOYER		TELEPHONE #	
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS	
ADDRESS OF PREVIOUS EMPLOYER		TELEPHONE #	

## 4. CO-MAKER'S INFORMATION

NAME OF CO-MAKER (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.	MEMBER ACCOUNT #
PRESENT HOME ADDRESS		OWN, RENT, OTHER	YEARS THERE	
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		HOME TELEPHONE #	FAX/CELLULAR #	
PREVIOUS HOME ADDRESS	YEARS THERE	E-MAIL ADDRESS		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE #	
# OF DEPENDENTS	STATUS (MARRIED, SINGLE, DIVORCED)		SPOUSE'S NAME	

## 5. CO-MAKER'S EMPLOYMENT INFORMATION

NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF EMPLOYER		TELEPHONE #
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF PREVIOUS EMPLOYER		TELEPHONE #

6. CO-MAKER'S INFORMATION			
NAME OF CO-MAKER (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.
PRESENT HOME ADDRESS		OWN, RENT, OTHER	MEMBER ACCOUNT #
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		HOME TELEPHONE #	YEARS THERE
PREVIOUS HOME ADDRESS		YEARS THERE	FAX/CELLULAR #
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	E-MAIL ADDRESS
# OF DEPENDENTS	STATUS (MARRIED, SINGLE, DIVORCED)	SPOUSE'S NAME	
TELEPHONE #			

7. CO-MAKER'S EMPLOYMENT INFORMATION		
NAME OF EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF EMPLOYER		TELEPHONE #
NAME OF PREVIOUS EMPLOYER	YEARS THERE	OCCUPATION/TYPE OF BUSINESS
ADDRESS OF PREVIOUS EMPLOYER		TELEPHONE #

8. GUARANTOR'S INFORMATION			
NAME OF GUARANTOR (SURNAME, FIRST NAME, MIDDLE NAME)		DATE OF BIRTH (DD/MM/YY) / /	T.R.N.
PRESENT HOME ADDRESS		OWN, RENT, OTHER	I.D. #
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS		HOME TELEPHONE #	YEARS THERE
NAME AND ADDRESS OF EMPLOYER		HOME TELEPHONE #	FAX/CELLULAR #
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	E-MAIL ADDRESS
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE #
# OF DEPENDENTS	STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	SPOUSE'S NAME	

9. LOAN DETAILS	
LOAN PURPOSE _____	<b>REPAYMENT SOURCE:</b> <input type="checkbox"/> SALARY DEDUCTION <input type="checkbox"/> POST DATED CHEQUE <input type="checkbox"/> COUNTER <input type="checkbox"/> STANDING ORDER (ACCOUNT # _____ )
LOAN AMOUNT: \$ _____	
COLLATERAL SECURITY HELD AND PROPOSED	

10. INCOME AND EXPENDITURE STATEMENT			
INCOME	\$	EXPENDITURE	\$
Gross Monthly Family Income		Car Loan Payment	
Less Deductions At Source		Hire Purchase Payments	
Net Income (Take Home Pay)		Life Insurance Premiums	
Other Income		Other Loan Payments	
<b>TOTAL INCOME</b>		Rent	
		Mortgage, Maintenance	
		Insurance, Home, Vehicle	
		Transportation Expenses	
		Utilities - Telephone, Water, Electricity	
		Living Expenses - Food, Clothing, etc.	
		Educational Expenses - School Fees, etc.	
		Medical, Dental, Optical Expenses	
		Entertainment	
		Other	
		<b>TOTAL EXPENSES</b>	
		<b>SURPLUS/(DEFICIT)</b>	



