

TO BE COMPLETED BY TREAS.

SHARE BALANCE _____

LOAN BALANCE _____

LOAN STATUS _____

COLFAX

Credit Union

APPLICATION FOR LOAN

Account No. _____

Note No. _____

Soc. Sec. No. _____

I, _____, hereby apply for a loan of \$ _____ for a period of _____ weeks months.

to be repaid in _____ } Installments of \$ _____ each including interest; and the interest of the payment
□ weekly
□ bi-weekly
□ semi-weekly
□ monthly
□ each plus interest;
I prefer the first payment to fall due on _____
credited to my share amount.

I desire this loan for the following purpose (explain fully): _____

Co-makers or security offered (if any) _____

I hereby certify that all statements made, including those on the reverse side hereof, are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me.

Date _____ Signature of Applicant _____ Address _____ City _____ State _____ Zip _____

Information below, including appropriate signature (s), is to be filled in by either the credit committee or loan officer, depending upon who acts upon this application.

On _____, 20____, (I) (We) approved a loan in the amount and on the conditions requested by the above applicant, except as follows (list any changes in amount, terms, or conditions): _____

Approved by CREDIT COMMITTEE:

Approved by LOAN OFFICER:

(All committee members shown as present in the minutes of the meeting at which this application was approved must sign above.)

Level Payment

APPLICANT'S STATEMENT

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

Table with 4 columns: CREDITOR, ADDRESS, MO. PAYMENT, AMT. OWING. Rows for Home, Auto, Other.

Employed by _____ Address _____

Years Employed _____ Position _____

Clock or Payroll No. _____ Salary \$ _____ per _____ Bus. Phone _____

Date of Birth _____ Number of dependents (exclude self) _____ Home Phone _____

Auto(s) Owned Make Year Model Market Value Monthly Rental

Own Residence - \$ _____ Rent Residence - \$ _____

References _____

Other Pertinent Information _____

Other Income: 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 obligation.

CO-MAKER'S STATEMENT

NAME OF CO-MAKER _____ ADDRESS _____

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

Table with 4 columns: CREDITOR, ADDRESS, MO. PAYMENT, AMT. OWING. Rows for Home, Auto, Other.

Employed by _____ Address _____

Years Employed _____ Position _____

Clock or Payroll No. _____ Salary \$ _____ per _____ Bus. Phone _____

Date of Birth _____ Number of dependents (exclude self) _____ Home Phone _____

Auto(s) Owned Make Year Model Market Value Monthly Rental

Own Residence - \$ _____ Rent Residence - \$ _____

References _____

I certify that the above statements are true and complete

(DATE) (SIGNATURE OF CO-MAKER)

Temporary Disability Ins. Yes [] No []
Payroll Deduction Yes [] No []
Loan Protection Ins. Yes [] No []

* Proof of wage must accompany Loan Application.