

APPLICATION FOR LOAN

ACCOUNT NUMBER
NOTE NUMBER

I HEREBY APPLY FOR A LOAN OF \$ _____ FOR A PERIOD OF _____ WEEKS BI-WEEKLY MONTHLY

INSTALLMENTS OF \$ _____ EACH INCLUDING INTEREST

I PREFER THE FIRST PAYMENT TO FALL DUE ON _____

I DESIRE TO REPAY THIS LOAN WITH A WEEKLY BI-WEEKLY MONTHLY PAYROLL DEDUCTION OF \$ _____ CREDITED TO MY LOAN ACCOUNT WITH PBSFCU. *I understand that payroll deduction is voluntary and is not a requirement to obtain this loan.*

THE PURPOSE OF THIS LOAN IS (EXPLAIN FULLY): _____
(If for consolidation of debts, check on indebtedness list)

COMAKERS OR SECURITY OFFERED: _____

The Federal Credit Act makes it a Federal crime for anyone to knowingly make a false statement to a Federal Credit Union on an application for a loan. I hereby certify that all statements made hereon are true and complete and are submitted for the purpose of obtaining credit, and I expressly authorize any person, association firm corporation, or personnel office requested by this credit union to furnish information concerning me or my affairs.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE INCLUDING THOSE ON THE REVERSE SIDE HERE OF, ARE TRUE AND COMPLETE AND SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT.

DATE

SIGNATURE OF APPLICANT MEMBER (BORROWER)

FOR CREDIT UNION USE ONLY

SOURCE OF CREDIT	ACCOUNT NUMBER	ORIGINAL AMOUNT	DATE OF LOAN	PAYMENTS	BALANCE	SECURITY	RATING

SHARE BALANCE

LOAN BALANCE

CURRENT PAYROLL DEDUCTION

WEEKLY BI-WEEKLY MONTHLY

CREDIT COMMITTEE OR LOAN OFFICER ACTION

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:

Disapproved by CREDIT COMMITTEE:

REASON _____

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

PERSONAL AND CREDIT INFORMATION

NOTICE: Fill in shaded portion concerning spouse only if:

- Both you and your spouse will be signing for the loan thus making you equally liable for payment, or
- You are relying on income, alimony, child support, or maintenance payments from a spouse or former spouse as a basis for repayment of the credit requested.

PLEASE PRINT OR TYPE

	DATE	SOCIAL SECURITY NO.		ACCOUNT NUMBER		
USE OF TITLE IS OPTIONAL <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	FIRST NAME	INITIAL	LAST NAME		AGE	BIRTH DATE
CURRENT RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	HOME TELEPHONE
<small>Do not Check box unless credit requested is secured or joint with someone else</small>		NUMBER OF DEPENDENTS	SPOUSE'S FIRST NAME & INITIAL		BIRTH DATE	SPOUSE'S SOCIAL SECURITY NO.
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED						
LAST PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE	DRIVER'S LICENSE NO. STATE
EMPLOYED BY	DEPARTMENT/SUPERVISOR	HOW LONG	POSITION/GRADE/STEP		GROSS MONTHLY INCOME	
COMPLETE BUSINESS ADDRESS					WORK TELEPHONE	
YOU ARE NOT REQUIRED TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENT. IF YOU CHOOSE TO DISCLOSE SUCH INCOME, IS ANY SUCH INCOME STATED IN THIS APPLICATION DERIVED FROM SUCH A SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					MONTHLY AMOUNT	\$
OTHER INCOME EXCLUDING CHILDSUPPORT, ALIMONY OR MAINTENANCE					MONTHLY AMOUNT	\$
PREVIOUS EMPLOYER	ADDRESS	TELEPHONE	SUPERVISOR	POSITION/GRADE/STEP	YEARS THERE	MONTHLY AMOUNT \$
PREVIOUS EMPLOYER	ADDRESS	TELEPHONE	SUPERVISOR	POSITION/GRADE/STEP	YEARS THERE	MONTHLY AMOUNT \$
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU, OTHER THAN SPOUSE			COMPLETE ADDRESS		RELATIONSHIP	TELEPHONE
HOME <input type="checkbox"/> RENT <input type="checkbox"/> OWN	DATE PURCHASED	MARKET VALUE	MONTHLY UTILITIES	HOME FINANCED BY OR LANDLORD'S NAME		MONTHLY MORTGAGE OR RENT PAYMENTS \$
MAKE OF AUTO		YEAR	IF FINANCED, BY WHOM		BALANCE OWING	MONTHLY PAYMENTS \$
1.						
2.						\$
LIST CREDIT CARDS & ACCOUNT NUMBERS				BANK NAME & ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	
1.						
2.					<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	
ARE YOU A CO-SIGNER ON ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR WHOM? TO WHOM?		HOW MUCH?	HAVE YOU EVER TAKEN BANKRUPTCY? ANY LEGAL PROCEEDINGS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	

STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES (This Section Must Be Answered - Attach Additional Listing If Necessary)

CREDITOR NAME	CREDITOR ADDRESS	NAME IN WHICH ACCOUNT CARRIED	ACCOUNT NUMBER	SECURITY	BALANCE DUE	✓	MONTHLY PAYMENT
						↑	(to be paid by this loan)

I PRESENT THIS APPLICATION TRULY AND CORRECTLY STATED TO THE BEST OF MY KNOWLEDGE AND FOR THE PURPOSE OF OBTAINING CREDIT FROM THIS CREDIT UNION. I HAVE NO OTHER DEBTS.