

CREDIT DISA.: YES _____ NO _____
 JOINT DISA.: YES _____ NO _____
 CREDIT LIFE: YES _____ NO _____
 JT LIFE: YES _____ NO _____

Gale Credit Union

Phone 309-343-1777
 FAX: (309) 343-2497

Account No. _____
 Soc. Sec. No. _____
 DATE _____

APPLICATION FOR CREDIT UNION LOAN

NAME (print) _____ WORK PHONE _____
 HOME PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

I hereby apply for a loan of \$ _____ in addition to my present loan balance, for a period of _____ weeks months to be repaid in
 weekly bi-weekly monthly semi-monthly installments of _____ dollars each;
 including interest plus interest

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

Collateral Offered: Shares Automobile Other Owner's Names _____

Amount of Shares Pledged: Description of Auto; Other: _____

Co-maker (s) _____

Marital Status: (complete only if loan is for secured credit) Unmarried Married Separated

Are you a co-maker on any other loan? _____ If yes, for whom? _____
By signing below, each of the following applicants certify that they applied for joint credit.

Are you liable for alimony, child support or separate maintenance payments? _____ Signature: _____ Date: _____
 If so, amount per month \$ _____ Signature: _____ Date: _____

Have you ever been through bankruptcy? _____ Year _____ Length of time at present address _____

Have you any judgments, Garnishments or Legal Proceedings against you? _____ List all addresses for past 5 years: _____
 If yes, explain fully _____

Date of Birth? _____ No. of Dependents _____ Auto Owned: Make _____ Year _____

Employer _____ 2nd Auto Owned: Make _____ Year _____

Address _____ Drivers License No. _____

Position _____ Date employed _____ Reasonable Market Value of Real Estate Owned \$ _____

Monthly income (after taxes)\$ _____ Location _____

Other personal income (do NOT include alimony, child support or separate maintenance payments)\$ _____ Previous Employer _____

You need NOT disclose the following sources of income; but if you want the Length of Service _____

credit union to consider such income in connection with this loan application, Parents or nearest relative (Not spouse): _____

please complete the following: _____ Name _____ Relationship _____

Alimony \$ _____ Child Support \$ _____ Address _____ Phone _____

Separate Maintenance \$ _____ Person Liable _____ Personal Reference: Name _____

Address _____ Phone _____

Bank Reference: Checking Savings

Name of Bank _____ City _____

Are you relying on income from another person to repay this loan?
 NO YES

If Yes, Name _____

NOTE: This party should complete and sign the co-maker statement.

(CONTINUE ON REVERSE SIDE)

Every thing that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Signature _____ Date _____

FOR CREDIT UNION USE ONLY		Mo. Pmt:
LOAN BAL	\$ _____	
ADD ON	\$ _____	LN # _____
TOTAL	\$ _____	RATE _____ %

