

**CLARKSBURG AREA POSTAL EMPLOYEES CREDIT UNION
LOAN APPLICATION**

LOAN INFORMATION

Account # _____

Date _____

New Money Requested	Length of Loan
Amount of Old Loan	Purpose of Loan
Total Amount of New Loan	Security & Value

APPLICANT

Name	Birth Date / # of Dependents	/
Address	Social Security #	
City, State, Zip	Phone #	Cell #
Length of Residence	Length of Employment	
Employer	Position and Phone #	
City, State, Zip	Yearly Gross Income	

Allimony, 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.

Other Income:	Source:
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JOINT APPLICANT Complete this section only if the application is for joint credit with another person. Relationship to applicant _____

Name	Birth Date / # of Dependents	/
Address	Social Security #	
City, State, Zip	Phone #	
Length of Residence	Length of Employment	
Employer	Position and Phone #	
City, State, Zip	Yearly Gross Income	

Allimony, 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.

Other Income:	Source:
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NOTICE TO JOINT APPLICANT

You are being asked to guarantee this debt. Think carefully before you do so. If the borrower/applicant doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower/applicant does not pay. You may also have to pay late fees or collection costs, which increases this amount.

The creditors can collect his debt from you without first trying to collect from the borrower/applicant. The creditor can use the same collection methods against you that can be used against the borrower/applicant, such as suing you; garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record.

This notice is not the contract that makes you liable for the debt.

You acknowledge that you have read a copy of this notice and the disclosures required by the Federal Consumer Credit Protection Act before signing any instrument evidencing the transaction described above.

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

_____ **Single Credit Disability**

OUTSTANDING DEBTS

CREDITOR AND ACCOUNT NOS.	LOAN DATE	ORIGINAL DEBT	CURRENT BALANCE	MONTHLY PAYMENT	PAST DUE Yes/No
Mortgage					
Rent					
Auto Loan					
Auto Loan					
Credit Union					
Credit Union					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Alimony					
Child Support					
Other					
Other					
Other					
Other					
Proposed New Loan					
TOTALS					

Are there any other persons obligated on any of the above listed loans? NO _____ YES _____
 Which ones and who? _____

Are you a co-maker, cosigner or guarantor on any loan not listed? NO _____ YES _____
 For whom? _____ To whom? _____ Mo. Pymt _____

Have you declared bankruptcy in the last 14 years? NO _____ YES _____

Is your income likely to reduce in the next four (4) years? NO _____ YES _____

I DO NOT HAVE ANY OTHER DEBTS _____ (Initials)

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Signature of Applicant _____ DATE _____

Signature of Joint Applicant _____ DATE _____

LOAN OFFICER ACTION

Debts _____ Income _____ Ratio _____

_____ I approve the loan as submitted

LO Signature

_____ I do not approve the loan as submitted

_____ Loan referred to Credit Committee/Board of Directors

Date