

**APPLICATION FOR LOAN**

(Unsecured/Secured Closed End)

**ACADIANA MEDICAL FEDERAL CREDIT UNION**

Information regarding:  Applicant  Joint Credit Applicant

Date: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Applicant's Account Number:** \_\_\_\_\_

I/We hereby apply for a loan as follows: (\*\* to be completed by applicant)

Employee Number: \_\_\_\_\_

**Requested Loan Amount:** .....\$ \_\_\_\_\_ \*\*

Old loan balance (if any)..... \$ \_\_\_\_\_

Accrued finance charge (interest due)..... \$ \_\_\_\_\_

Other Charges..... \$ \_\_\_\_\_

Total New Loan..... \$ \_\_\_\_\_

Requested loan to be repaid in \_\_\_\_\_ Years Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_ including/plus interest

**Purpose of Loan\*\***

Individual Credit: (Do NOT complete marital status for INDIVIDUAL credit in non-community property state.)

\_\_\_ Applicant's Signature Only

\_\_\_ Endorser, Guarantor or Surety (Co-signer)

Name: \_\_\_\_\_

(Print Name) This Person MUST complete a Separate Loan Application

Joint Credit – Joint Applicant or Co-Maker (person who will be equally liable for repayment)

Name: \_\_\_\_\_

(Print Name) This Person MUST complete a Separate Loan Application

Relationship to Applicant (if any) \_\_\_\_\_

Secured Credit – Collateral

Shares in Account Number(s): \_\_\_\_\_ Total \$ \_\_\_\_\_

New/Used Auto: Make: \_\_\_\_\_ Year: \_\_\_\_\_ Cost/Value \$ \_\_\_\_\_

Other: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

**MARITAL STATUS: Complete marital status if this loan is for:**

a. **Joint or Secured Credit, or**

b. **You reside in or rely on property located in a Community Property**

**State. (AZ, CA, ID, LA, NM, NV, TX, WA)**

Unmarried

Married

Separated

**APPLICANT'S INFORMATION \*\***

**FULL NAME** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_ **HOME PHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_

**ADDITIONAL ADDRESS (i.e.: P O BOX):** \_\_\_\_\_ **ZIP CODE (IF, P O BOX)** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_ **YEARS THERE:** \_\_\_\_\_ **DRIVERS LICENSE NO.:** \_\_\_\_\_

**CELL PHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ **PAGER NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

If present residence is less than 2 year, complete the next two (2) lines:  
Previous Street Address: \_\_\_\_\_ Years there: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PRESENT EMPLOYER:** \_\_\_\_\_ **BUSINESS PHONE NO.** ( \_\_\_\_\_ ) \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**CITY, STATE & ZIP CODE:** \_\_\_\_\_ **POSITION OR TITLE:** \_\_\_\_\_

If employed by above less than 3 years, complete next 2 lines:  
Previous Employer: \_\_\_\_\_  
Previous Employer Address: \_\_\_\_\_

**LEGAL NAME (S) and AGES OF DEPENDENT (S) [Exclude self]:** \_\_\_\_\_

NAME of nearest Relative NOT living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
 ADDITIONAL ADDRESS (i.e.: P O BOX): \_\_\_\_\_ ZIP CODE (IF P.O. BOX): \_\_\_\_\_  
 CITY, STATE & ZIP CODE: \_\_\_\_\_

NAME of nearest Relative NOT living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
 ADDITIONAL ADDRESS (i.e.: P O BOX): \_\_\_\_\_ ZIP CODE (IF P.O. BOX): \_\_\_\_\_  
 CITY, STATE & ZIP CODE: \_\_\_\_\_

**OUTSTANDING DEBTS (List Everything)**

CREDITOR (NAME, ADDRESS AND/OR ACCOUNT #)	LOAN DATE	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE YES/NO
RENT					
MORTGAGE					
AUTO LOAN					
CREDIT UNION					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
FINANCIAL INSTUTION					
FINANCIAL INSTITUION					
ALIMONY, ETC.					
OTHER					
OTHER					
Attach another sheet if necessary					
TOTALS					

Are there any other persons obligated on any of the above loans?  Yes  No (If yes, which ones and who? \_\_\_\_\_)

Are you a co-maker, co-signer or guarantor on any loan?  Yes  No (If Yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_)

Have you been declared bankrupt in the last 14 years?  Yes  No

Do you want Temporary Disability Insurance with this loan if approved?  Yes  No

Do you want Life insurance with this loan if approved?  Yes  No

**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.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**LOAN OFFICER ACTION**

LOAN OFFICER:

I approve the loan as submitted. Collateral \_\_\_\_\_

Rejected Reason: \_\_\_\_\_

Loan Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specific reason(s) for rejection \_\_\_\_\_

Outside information considered:  No  Yes (If yes, describe \_\_\_\_\_)