



Loan Application

2160 South First Avenue
Maywood, IL 60153

Telephone (708) 216-4500 FAX (708) 216-6546

This Application may be used to apply for any of the following:

Personal Closed-End Loan **AMOUNT REQUESTED \$** _____ **PURPOSE / COLLATERAL** _____

Security To Be : Auto Shares Other _____

Payment Method _____ Payroll Deduction Cash Pay Transfer From Savings Transfer From Checking

Check the Appropriate Box

NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.

Individual Credit: Complete Applicant Section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or if your spouse will use the account. (2) Information about the party making the payments if you are relying on alimony, spousal support or separate/spousal maintenance as a basis for repayment.

Joint Credit: We intend to apply for joint credit. (initial here) Applicant _____ Co-Borrower _____ Provide information about both of you by completing Applicant and Co-Applicant sections.

APPLICANT			SPOUSE / CO-APPLICANT		
PERSONAL INFORMATION			PERSONAL INFORMATION		
Marital Status: Check One If you reside in or are relying on property in a community property state or if you are applying for a secured credit or joint account. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED			Marital Status: Check One If you reside in or are relying on property in a community property state or if you are applying for a secured credit or joint account. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		
Credit Union Account No.	Social Security Number		Credit Union Account No.	Social Security Number	
First Name	Mid Initial	Last Name (Jr. / Sr.)	First Name	Mid Initial	Last Name (Jr. / Sr.)
Current Street Address Apt. No.		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other Years at address	Current Street Address Apt. No.		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other Years at address
City	State	Zip	City	State	Zip
Date of Birth	Home Phone No.	No. of Dependents	Date of Birth	Home Phone No.	No. of Dependents
Email Address		Cell Phone	Email Address		Cell Phone

EMPLOYMENT INCOME			EMPLOYMENT INCOME		
Present Employer		Gross Monthly Salary	Present Employer		Gross Monthly Salary
Address		City State Zip	Address		City State Zip
Position / Type of Work	Start Date	Work Phone No.	Position / Type of Work	Start Date	Work Phone No.
You will not need to list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of granting this credit.			You will not need to list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of granting this credit.		
No. of years in this line of work	List any other type of income	Gross Monthly Amount	No. of years in this line of work	List any other type of income	Gross Monthly Amount

OUTSTANDING DEBTS				OUTSTANDING DEBTS			
<input type="checkbox"/> MTG	Monthly Pmt/Rent	Balance	Market Value	<input type="checkbox"/> MTG	Monthly Pmt/Rent	Balance	Market Value
<input type="checkbox"/> RENT				<input type="checkbox"/> RENT			
Who do you pay Rent/ Mtg to?			<input type="checkbox"/> Live with Parents	Who do you pay Rent/ Mtg to?			<input type="checkbox"/> Live with Parents
Additional Loans On Your Home		Total Mo. Payments	Total Balance	Additional Loans On Your Home		Total Mo. Payments	Total Balance
Who do you pay Second or other Real Estate Loans to?				Who do you pay Second or other Real Estate Loans to?			
Have you or your Spouse / Co-Applicant ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes – explain on separate sheet				Do you or your Spouse / Co-Applicant have credit under any other Name? <input type="checkbox"/> No <input type="checkbox"/> Yes- List Name _____			
I / We have listed all debts and pending credit applications <input type="checkbox"/> No <input type="checkbox"/> Yes – explain on a separate sheet							
Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you a co-maker on any loan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have past due loans? <input type="checkbox"/> No <input type="checkbox"/> Yes			

A = Applicant
 C = Spouse / Co-Applicant
 D = Debts to be paid off if loan granted

Credit Information Please list all open accounts with or without a balance. Attach separate sheet if necessary.

Please Check			Type of Loan	Lender (or other) Name, Address List all obligations and Credit Unions Loans	Account Number	Balance	Monthly Payment
A	C	D					
TOTALS							

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

Type	Bank (or other) Name, Address	Account No.	Interest Rate	Approx Bal	Type	Bank (or other) Name, Address	Account No.	Interest Rate	Approx Bal.
Checking					Checking				
Savings					Saving				
Other					Other				
Car 1-Yr.-Make-Model			Balance Owed		Car 1-Yr.-Make-Model			Balance Owed	
Car 2-Yr.-Make-Model			Balance Owed		Car 2-Yr.-Make-Model			Balance Owed	

PERSONAL REFERENCE		PERSONAL REFERENCE	
Nearest Relative (not living with you)	Relationship	Nearest Relative (not living with you)	Relationship
Address	Phone	Address	Phone

OPTIONAL CREDIT INSURANCE Complete this Insurance Disclosure only if you are applying for a Personal Line of Credit Account. Credit Insurance Disclosures for Closed-End Loans are furnished separately. Your Loan Officer has details.

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT. The monthly insurance rates are shown below. Each month the insurance charge is calculated by multiplying the outstanding balance of the Account on the last day of that month by the rate shown.

Monthly Premium Rates Per \$1000 of Outstanding Balance- You must CHECK ONE OR MORE of the boxes below.				
CREDIT LIFE:	Single Coverage -	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Coverage -	<input type="checkbox"/> Yes <input type="checkbox"/> No
CREDIT DISABILITY:	Single Coverage -	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Coverage -	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: For Closed-End loans an appropriate disclosure will be furnished if Your Credit is approved. If this application is for a Personal Line of Credit Account and you are applying for Credit Insurance, You authorize us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

X _____ DATE _____
 SIGNATURE OF APPLICANT SIGNATURE OF Co-APPLICANT

SIGNATURE – READ CAREFULLY BEFORE SIGNING. PER YOUR MEMBERSHIP AGREEMENT AND/OR LOAN AGREEMENTS WITH US YOU GIVE US A SECURITY INTEREST IN YOUR ACCOUNTS AND CERTAIN OTHER PROPERTY PLEDGED AS DESCRIBED IN SAID AGREEMENTS.

You agree and attest that your name and address shown herein is your legal name and the place of your residence, and such address is the proper address for all notice(s) required by this Application, and you further understand that any changes in this address must be submitted to us in writing to be effective. You agree that everything stated in this application, whether oral, written, or through FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about the credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this Application shall be the Credit Union's Property whether or not this Credit Application is approved.

NOTICE: By submitting this application by facsimile or electronically, you agree to the same terms that apply to a signed application. If there is a co-applicant on this loan, that co-applicant has authorized the submission of this application. This facsimile or electronic submission qualifies as your signature. It is understood that you will have to sign loan documents before funds can be disbursed. Indirect lending: If this application is submitted to the Credit Union by a third party such as a car dealer, you authorize us to disclose to such third party the Credit Union's loan decision including the reason(s) for its decision.

Authorized User/Card You also request that an additional card be issued in the name of the Borrower for use by the authorized user identified herein. The undersigned specifically acknowledge their responsibility for all purchases and/ or cash advances made by the Authorized User or anyone that Authorized User allows to use any card(s) issued in connection with your credit card account. The Authorized Users may also be responsible for all purchases and cash advances they make or authorize.

Applicant's Signature	Date	SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit card(s) issued, you pledge your shares as defined by your Credit Card Agreement to secure payment of your obligations on this account. You understand that collateral securing other loans will secure this account; and that property purchased with your credit card(s) will also secure this account.
Co-Applicant's Signature	Date	
		Authorized User (Print Name) _____ Date _____

For Credit Union Use Only

Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Adverse Action Notice Sent)	Approved Signature Limits	Limit of Credit	Other	Other	Debt Ratio/Score
		\$	\$	\$	\$	
Loan Officers Comments:						
Signature	Date	Signature	Date			
X		X				