

# LOANCHAMP Application

SHARES \$ \_\_\_\_\_  
 LOAN \$ \_\_\_\_\_  
 DEBT RATIO \_\_\_\_\_  
 BS# \_\_\_\_\_

ACCT# \_\_\_\_\_  
 NOTE# \_\_\_\_\_  
 SOC SEC# \_\_\_\_\_  
 DATE \_\_\_\_\_

## 1 NOTE AND COMPLETE

PAYMENT  
DATE \_\_\_\_\_

PERIOD OF  
MONTHS \_\_\_\_\_

Married Applicants may apply for a separate account. Check the appropriate box to indicate individual or Joint Credit.

**Individual Credit:** Complete **Applicant** section. Complete **Co-Applicant, Spouse, Guarantor** (referred to as (Other) section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account, or (3) if there is a guarantor on this account. Please check box to indicate whom the information is about.

**Joint Credit:** Provide information about both of you by completing **Applicant** and **Other** section.

**Amount Requested \$** \_\_\_\_\_ **Purpose:** \_\_\_\_\_  
**Collateral:** \_\_\_\_\_

**Repayment:**  Payroll Deduction  Cash  Automatic Payment  Military Allotment  \_\_\_\_\_

**NOTICE:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

## STATEMENT OF INTENT Check if desired.

- Credit Disability Insurance  
 Credit Life Insurance  
 Joint Credit Life Insurance

**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.**

## 2 APPLICANT INFORMATION

### APPLICANT Please print in ink or type.

### CO-APPLICANT SPOUSE GUARANTOR Use "SAA" if information is "Same As Applicant"

NAME (Last - First - Initial)			NAME (Last - First - Initial)		
DRIVER'S LICENSE NUMBER/STATE			DRIVER'S LICENSE NUMBER/STATE		
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.	BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
( ) ( ) ( )		( ) ( ) ( )	( ) ( ) ( )		( ) ( ) ( )
PRESENT ADDRESS (Street-City-State-Zip)			PRESENT ADDRESS (Street-City-State-Zip)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
PREVIOUS ADDRESS (Street-City-State-Zip)			PREVIOUS ADDRESS (Street-City-State-Zip)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent			<input type="checkbox"/> Own <input type="checkbox"/> Rent		
YEARS AT THIS ADDRESS			YEARS AT THIS ADDRESS		
YEARS AT THIS ADDRESS			YEARS AT THIS ADDRESS		
Complete for joint or secured credit: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single - divorced - widowed)			Complete for joint or secured credit: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single - divorced - widowed)		
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT			LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT		
(Exclude Self)			(Exclude Self)		

## 3 EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER			NAME AND ADDRESS OF EMPLOYER		
YOUR TITLE/GRADE			YOUR TITLE/GRADE		
SUPERVISOR'S NAME			SUPERVISOR'S NAME		
START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS	START DATE	HOURS AT WORK	IF SELF EMPLOYED, TYPE OF BUSINESS
IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS			IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS		
STARTING DATE		ENDING DATE	STARTING DATE		ENDING DATE
IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR		WHERE	IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR		WHERE
<input type="checkbox"/> YES <input type="checkbox"/> NO		ENDING/SEPARATION DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO		ENDING/SEPARATION DATE

MILITARY

## 4 REFERENCES Please include Street, City, State and Zip

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF	TELEPHONE	NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF	TELEPHONE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	HOME PHONE	RELATIONSHIP	HOME PHONE
NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE		NAME AND ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	
HOME PHONE		HOME PHONE	

CONTINUED ON REVERSE SIDE

**APPLICANT**

**OTHER (Co-Applicant, Spouse, Guarantor)**

**5 INCOME INFORMATION**

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

EMPLOYMENT INCOME PER \$ OTHER INCOME PER \$ SOURCE

NET  GROSS

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EMPLOYMENT INCOME PER \$ OTHER INCOME PER \$ SOURCE

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**6 ASSETS**

SHARE DRAFT OR CHECKING ACCOUNT NAME AND ADDRESS OF DEPOSITORY \$ SAVINGS AMOUNT NAME AND ADDRESS OF DEPOSITORY \$

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*Check box for Applicant/Other*  
*List all assets and account number(s) - Attach other sheets if necessary.*

APPLICANT	OTHER	LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN	
			\$	YES	NO
			\$	YES	NO
			\$	YES	NO

**7 DEBTS**

*List all debts. Including Rent/Mortgage, auto loans, credit cards, Alimony, child support/care, 2nd mortgage, insurance, etc.) Please use a separate line for each credit card and auto loan. Attach other sheets if necessary.*

APPLICANT	OTHER	CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL BALANCE	PRESENT BALANCE	MONTHLY PAYMENT	IF PAST DUE ✓
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED.							
<b>TOTALS</b>				\$	\$	\$	

**8 FINANCIAL INFORMATION**

*These questions apply to both Applicant and Other.*

**IF A "YES ANSWER IS GIVEN TO A QUESTIONS, EXPLAIN ON AN ATTACHED SHEET**

DO YOU HAVE ANY OUTSTANDING JUDGEMENTS \_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13? \_\_\_\_\_

HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS? \_\_\_\_\_

ARE YOU A PARTY IN A LAWSUIT? \_\_\_\_\_

ARE YOU OTHER THAN A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? \_\_\_\_\_

IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS? \_\_\_\_\_

ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? \_\_\_\_\_

FOR WHOM (Name of Others Obligated on Loan): \_\_\_\_\_ TO WHOM (Name of Creditor): \_\_\_\_\_

APPLICANT		OTHER	
YES	NO	YES	NO

**9 SIGNATURES**

Everything 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.

"The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law."

**X** \_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**X** \_\_\_\_\_  
OTHER SIGNATURE DATE

**10 CREDIT UNION INFORMATION**

*Do not write in this section - for Credit Union use only. Check applicable boxes.*

APPROVED LIMITS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ DEBT RATIO \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ LINE OF CREDIT \_\_\_\_\_ OTHER \_\_\_\_\_ OTHER \_\_\_\_\_

LOAN OFFICER  CREDIT COMMITTEE OR OTHER REFERRED TO/REASON(S) FOR REFERRAL: \_\_\_\_\_

ADVANCE APPROVED:  YES  NO  OUTSIDE INFORMATION CONSIDERED

COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED  YES  NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

DESCRIBE COUNTER OFFER: \_\_\_\_\_

SPECIFIC REASON(S) FOR REJECTION: \_\_\_\_\_

SIGNATURES:  LOAN OFFICER  \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_

CREDIT COMMITTEE OR OTHER  \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_

ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON \_\_\_\_\_ (DATE) BY \_\_\_\_\_ (INITIALS)