

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)

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: _____

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: _____

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:** _____

FOR OFFICIAL USE ONLY

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 _____)