



312.922.5310

www.myusecu.org

NCUA

Federally insured by NCUA



PLEASE SUBMIT MOST RECENT PAY STUB(S)

SELECT ONE (1): Individual Account Joint Account

USECU Member Number _____

Co-Applicant's Member Number _____

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Amount Requested	Purpose Of Loan		
Type Of Loan	<input type="checkbox"/> Holiday / Vacation / Promo	<input type="checkbox"/> Overdraft Line Of Credit	<input type="checkbox"/> Used Vehicle
	<input type="checkbox"/> Signature	<input type="checkbox"/> Share Secured	<input type="checkbox"/> Flexline
		<input type="checkbox"/> New Vehicle	<input type="checkbox"/> Other

APPLICANT

Full Name	Last	First	Date Of Birth
Home Street Address, Apt #, City, State, Zip Code			Driver's License No. & State
Home Phone No. (With Area Code)	How Long At Address (Years & Months)	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (Explain)	E-mail Address
Previous Home Address, Apt #, City, State, Zip Code (If less than three years)			How Long At Previous Address (Years & Months)
Present Position	Present Employer	Monthly Income From Job \$	How Long (Years & Months)
Business Address, City, State, Zip Code			Business Phone No. (With Area Code)
Previous Employer	Position	Previous Employer's City, State	How Long (Years & Months)
Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.		Monthly Amount Of Other Income \$	Source Of Other Income
Name Of Nearest Relative Not Living With You	Address, City, State, Zip Code	Relationship	Phone No. (With Area Code)

SPOUSE OR CO-APPLICANT

FILL OUT ONLY IF "JOINT" ACCOUNT

Full Name	Last	First	Date Of Birth	E-mail Address
Home Street Address, Apt #, City, State, Zip Code			Social Security No.	Home Phone No. (With Area Code)
Present Employer	Employer Address, City, State, Zip Code		How Long (Years & Months)	
Business Phone No. (With Area Code)	Monthly Income From Job \$	Monthly Other Income \$	Source of Other Income	

FINANCIAL INFORMATION

Mortgage or Landlord	Approx. Market Value \$ _____	Original Balance \$ _____	Current Balance \$ _____	Monthly Payment \$ _____
Autos Owned - Make	Year	License Number	Financed By	
MARITAL STATUS: Check your marital status only if you live in a community property state — (AZ, CA, ID, LA, NV, NM, TX, WA, WI) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated under decree of legal separation				

DEBT PROTECTION

Check below if you are interested in receiving information about Debt Protection. We will discuss the voluntary coverage with you. A separate application will need to be completed before coverage is enforced.

I am am not interested in obtaining information about Involuntary Unemployment, Life, or Disability Payment Protection Plans.

PLEASE SIGN HERE

APPLICANT AND CO-APPLICANT MUST SIGN BELOW

By signing below, you agree to be bound by the terms of the agreement which will be furnished to you. You also certify that everything you have stated in the application is correct to the best of your knowledge. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of credit received.

X

 Applicant Member Signature

 Date

X

 Co-Applicant Signature

 Date

**CREDIT
 UNION
 USE
 ONLY**

Approved Denied
 Counter Offer
 \$ _____
 Credit Limit
 \$ _____

Comments/Conditions _____

 Authorized Signature _____
 Authorized Signature _____