

# Loan Application

Will you be applying for credit as an individual or joint?

**Please Check One**

INDIVIDUAL

JOINT

## SECTION 1

### Applicant Information

Name Social Security Number Date of Birth

Address City State Zip Yrs at Residence

Rent Monthly Payments

Own Monthly Mortgage Estimated Mortgage Balance Estimated Home Value

Home Phone Cell Phone Work Phone

Member Number Mother's Maiden Name

### Employment Information

Employer Self Employed  Yes  No

Position Date of Hire Income Per

*If self employed, please provide two years of tax returns with your application.*

**Additional Income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)**

Source Amount Per

Source Amount Per



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## SECTION 2

### Co-Applicant Information

Name  Social Security Number  Date of Birth

Address  City  State  Zip  Yrs at Residence

Rent   
 Monthly Payments

Own   
 Monthly Mortgage  Estimated Mortgage Balance  Estimated Home Value

Home Phone  Cell Phone  Work Phone

Member Number  Mother's Maiden Name

### Employment Information

Employer  Self Employed  Yes  No

Position  Date of Hire  Income  Per

*If self employed, please provide two years of tax returns with your application.*

***Additional Income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)***

Source  Amount  Per

Source  Amount  Per

## SECTION 3

### Loan Request Information

Loan Type  Desired Term

Loan Amount  Purpose of Loan

I/We acknowledge that the information on this application for credit is accurate and the best of my/our knowledge, and I/we are not making false representations of our financials. I/we authorize Signature Federal Credit Union to contact my/our employer to verify employment. I/we authorize Signature Federal Credit Union to pull my/our credit report for the purpose of extending credit.

Applicant Signature  Date

Co-Applicant Signature  Date



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## SECTION 4

**Employment Verification Letter**

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

**To Be Filled Out By Employee:**

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

I authorize my employer to release the following information to Signature Federal Credit Union. I understand this form is for loan eligibility purposes and that I may be asked to submit additional proof of income. I understand that Signature Federal Credit Union may need to verify this information or contact the employer by phone.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Filled Out By Employer:**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Actual or average number of hours worked by the employee per week: \_\_\_\_\_

Employee Salary: \_\_\_\_\_

**I certify that the above information is true and correct to the best of my knowledge.**

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Federally Insured by NCUA

