

CHECK ONE

- Signature
- Share Secured
- New Auto
- Used Auto
- Education
- Pre-Approval [New/Used Auto]

LOAN APPLICATION
CONSOL EMPLOYEES CREDIT UNION
115 E MCMURRAY ROAD, STE B
PO BOX 1278
MCMURRAY, PA 15317
PHONE: (724) 299-3730 FAX: (724) 299-3733 Email: admin@consolcu.org



INSTRUCTIONS: Complete form in full, **DO NOT LEAVE ANY AREAS BLANK** or the application will be **returned** to you. Mail application to the Credit Union.

TERM _____ (in Months)	Check Payment Protection Plan: <input type="checkbox"/> Single Life <input type="checkbox"/> Disability <input type="checkbox"/> Both <input type="checkbox"/> None Check if applying for: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit	<input type="checkbox"/> Payroll Deduct <input type="checkbox"/> ACH	<input type="checkbox"/> Coupons Over the Counter
AMOUNT of LOAN \$ _____ [you wish to receive by check] <input type="checkbox"/> REFINANCE [your loan amount must be for an add'l \$1000.00 cash]	PURPOSE OF LOAN _____ (REQUIRED) <input type="checkbox"/> Send loan papers & check to my CECU Mine Rep. [Name of CECU Rep. _____] <input type="checkbox"/> I will come to the Credit Union office to sign and pick up my contract & check. <input type="checkbox"/> Send loan papers to my home, I understand this could delay the receipt of the check approximately 2 weeks.		

APPLICANT [Attach 2 recent pay stubs or copy of W2]

JOINT BORROWER/CO-MAKER [Must attach 2 recent pay stubs or copy of W2]

MEMBER # _____ SS # _____ Birthdate / / _____ Name: _____ No. # of Dependents _____ Present Address (Street) _____ No.Yrs. _____ City _____ State _____ Zip _____ Home Phone & Cell Phone #'s _____ Driver's License # _____ EMAIL: _____ Previous Address (If present is less than 3 years) _____ Employers Name/Dept. & Address _____ Position: _____ Emp. Phone# _____ Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Years Employed _____ Gross \$ _____ Net \$ _____ Other Income \$ _____ [Explain on separate sheet & Must attach proof] Previous Employer (if current is less than 3yrs) _____ List Yrs. _____ Is any income listed likely to be reduced during the term of the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	MEMBER # _____ SS # _____ Birthdate / / _____ Name: _____ No. # of Dependents _____ Present Address (Street) _____ No.Yrs. _____ City _____ State _____ Zip _____ Home Phone & Cell Phone #'s _____ Driver's License # _____ EMAIL: _____ Previous Address (If present is less than 3 years) _____ Employers Name/Dept. & Address _____ Position: _____ Emp. Phone# _____ Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Years Employed _____ Gross \$ _____ Net \$ _____ Other Income \$ _____ [Explain on separate sheet & Must attach proof] Previous Employer (if current is less than 3yrs) _____ List Yrs. _____ Is any income listed likely to be reduced during the term of the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOMEOWNERS (Please Complete) Purchase Price \$ _____ Bal. Owed \$ _____ Estimated Value \$ _____ Bank (Name) _____ Acct.Type: Savings/Checking _____ Automobile(s) Year _____ Bal.Owed \$ _____ Make _____ Model _____ Nearest Relative/not living with applicant (Name/address/phone) _____ Any Judgments, etc. against applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach explanation sheet Has Applicant ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	HOMEOWNERS (Please Complete) Purchase Price \$ _____ Bal. Owed \$ _____ Estimated Value \$ _____ Bank (Name) _____ Acct.Type: Savings/Checking _____ Automobile(s) Year _____ Bal.Owed \$ _____ Make _____ Model _____ Nearest Relative/not living with applicant (Name/address/phone) _____ Any Judgments, etc. against applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach explanation sheet Has Applicant ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____

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

CREDIT INFORMATION, OUTSTANDING DEBTS

List ALL Debts: i.e., Car Loans, Bank Loans, Finance Companies, Credit Unions, Dept. Stores, Credit Card Accts., (Attach Additional Sheet if necessary)

Name of Creditors (ATTACH SEPARATE SHEET FOR ADDITIONAL CREDITORS)	[X] If Paying off with Loan	Interest Rate	Value of Assets	Past Due Amts.	Balance Owed	Monthly Pymts.
1. Mortgage or Rent (Name/Address/Phone # of Landlord)						
2. Auto Payment (List Bank)						
3.						
4.						
5.						
6.						
7.						
Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No List Mo. Pymt.						
Is Applicant and/or Co-Maker obligated on any other loans? List:						

To the best of my knowledge, I have no other debts. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment, plus ask any questions regarding my credit experience with you.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

*I understand that I am not pre-approved for this loan. All applications are subject to credit approval according to the Credit Union lending policies.

(BELOW) FOR OFFICE USE ONLY

SHARE BALANCE	LOAN TYPE	LOAN BALANCE	LOAN PAYMENT	LOAN DATE	LOAN STATUS	NOTE #