



SERVICES CENTER
FEDERAL CREDIT UNION
 PO BOX 704
 YANKTON, SD 57078
 PHONE 605-665-4309
 FAX 605-665-4314

Account No. _____
 Note No. _____
 SSN # _____
 Home Phone _____
 Date _____ 20____

APPLICATION FOR CREDIT UNION LOAN

Name (print) _____

Address _____

I hereby apply for a loan of \$ _____, for a period of _____ weeks/months to be repaid

weekly bi-weekly monthly other I prefer the 1st payment to fall due on _____ 20____

I desire this loan for the following purpose (explain fully): _____

Collateral Offered: Shares Automobile Other

Amount of Shares Pledged; Description of Auto; Other; _____

Are you a comaker on any other loans? _____ If yes, for whom? _____

Are you liable for alimony, child support or maintenance payments? _____ If yes, amount per month \$ _____

Have you ever been through bankruptcy? _____ Year _____

Have you any Judgments, Garnishments or Legal Proceedings against you? _____ If yes, explain fully _____

Date of Birth _____ Number of Dependents _____

Employer _____ Address _____

Position _____ Date Employed _____

Monthly Income (after taxes) \$ _____

Previous Employer _____

Length of Service _____

Other personal income and source (DO NOT include alimony, child support or maintenance payments) \$ _____

You need NOT disclose the following sources of income; but if you want the credit union to consider such income in connection with this loan application, please complete the following:

Alimony \$ _____ Child Support \$ _____ Maintenance \$ _____ Person Liabe _____

Complete the following only if you have chosen to disclose alimony, child support or maintenance income:

Spouse or former spouse's name _____

Address _____

Employer _____

Address _____

Date Employed _____ Position _____

Weekly / Monthly Salary \$ _____

How long have alimony, child support or maintenance payments been received? _____

Are all payments up-to-date? Yes No

List all addresses for the past 5 years:

1) _____

2) _____

3) _____

4) _____

5) _____

Auto Owned: Year _____ Make _____ Model _____

2nd Auto Owned: Year _____ Make _____ Model _____

Drivers License Number _____ State Issued: _____

Reasonable Market Value of Real Estate Owned \$ _____ Location _____

(continued on reverse side)

Parents or Nearest Relative (*Not spouse*):

Name _____ Relationship _____

Address _____ Phone _____

Personal Reference: Name _____ Address _____ Phone _____

Business Reference: Name _____ Address _____ Phone _____

Bank Reference: Checking Savings

Name of Bank _____ Address _____

Are you relying on income from another person to repay this loan? _____ If yes, Name _____

*** NOTE this party should complete and sign the co-maker statement

I am indebted to the following creditors (list all debts such as rent, mortgage payments, automobile, doctor bills, repairs, furniture, installment loans, credit cards, etc. Attach additional sheet if necessary. IF NONE, please state "NONE". Indicate with an "X" those obligations you will pay with the proceeds of this loan.

To Whom Owed (Name & Address)	Purpose	Loan Date	Orig. Amount	Present Bal.	Monthly Pay.
	Rent or House Pymt				
	Automobile loan				

NOTE Section 1014. Title 18 of the United States Code makes it a Federal Offense for a person to knowingly make false statements for the purpose of influencing the action of a Federal Credit Union

I hereby certify that all statements made, including those on the reverse side hereof are true and complete and submitted for the purpose of obtaining credit and that I have no other debts.

Signature X _____ **Date** _____

CO-MAKER'S STATEMENT

Name of Co-Maker _____ Address _____

I am indebted to the following creditors (list all such as doctor bills, installments, loans, real-estate mortgages, etc. attach additional sheet if necessary):

CREDITOR ADDRESS	MONTHLY PAYMENT	AMOUNT OWING
Home _____	\$ _____	\$ _____
Auto _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Employed By _____ Address _____

Years Employed _____ Position _____ Bus. Phone _____

Salary \$ _____ per _____ Home Phone _____

Date of Birth _____ Dependents No. _____

Other Income \$ _____ per _____ Source _____

Auto(s) Owned: Year _____ Make _____ Model _____

Market Value of Own Residence \$ _____ Location _____

References _____

I certify that the above statements are true and complete. **X** _____

Date _____ **Social Security #** _____ - _____ - _____