

**PLEASE ATTACH PAY STUBS / PROOF OF INCOME FOR ALL APPLICANTS**

<b>DECATUR MEDICAL DENTAL CREDIT UNION</b>									
Date _____		Phone: 872-3789 Fax: 872-3784				Account # _____			
AMOUNT REQUESTED \$		FOR HOW LONG			DESIRED PAYMENT/DATE				
CREDIT DISABILITY INSURANCE Y___or N___ Single / Joint					CREDIT LIFE INSURANCE Y___or N___ Single / Joint				
PURPOSE OF LOAN									
SECURITY DESCRIPTION									
<b>SECTION A - INDIVIDUAL APPLICANT INFORMATION</b>									
NAME (Last, First, Middle)									
BIRTHDATE	SOCIAL SECURITY NO.		TELEPHONE NO.		CELL NO.		DRIVER'S LISCENCE NO.		NO. DEPENDENTS
ADDRESS: STREET		CITY		STATE	ZIP	COUNTY		Do You <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)						COUNTY		Do You <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)									HOW LONG
BUSINESS PHONE Ext.		POSITION OR TITLE			GROSS SALARY PER MONTH \$		SUPERVISOR		
PREVIOUS EMPLOYER (Company Name and Address)									HOW LONG
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP		TELEPHONENO. (Include Area Code)		
PERSONAL REFERENCE (Name & Address)							TELEPHONE NO. (Include Area Code)		
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.									
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding									
SOURCES OF OTHER INCOME								AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off?							Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		
<b>SECTION B - JOINT APPLICATION / COMAKER</b>									
NAME (Last, First, Middle)						RELATIONSHIP TO APPLICANT (If Any)			
BIRTHDATE	SOCIAL SECURITY NO.		TELEPHONE NO.		CELL NO.		DRIVER'S LISCENCE NO.		NO. DEPENDENTS
ADDRESS: STREET		CITY		STATE	ZIP	COUNTY		Do You <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)						COUNTY		Do You <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)									HOW LONG
BUSINESS PHONE Ext.		POSITION OR TITLE			GROSS SALARY PER MONTH \$		SUPERVISOR		
PREVIOUS EMPLOYER (Company Name and Address)									HOW LONG
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					RELATIONSHIP		TELEPHONE NO. (Include Area Code)		
PERSONAL REFERENCE (Name & Address)							TELEPHONE NO. (Include Area Code)		
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.									
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding									
SOURCES OF OTHER INCOME								AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off?							Has joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		

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