PLEASE ATTACH PAY STUBS / PROOF OF INCOME FOR ALL APPLICANTS

DECATUR MEDICAL DENTAL CREDIT UNION Date Phone: 872-3789 Fax: 872-3784 Account #											
	T REQUESTED FOR HOW LONG				DESIRED PAYMENT/DATE						
CREDIT DISABILITY INSURANCE Yor N Single / Joint CREDIT LIFE INSURANCE Yor N Single / Joint											
PURPOSE OF	LOAN										
SECURITY DE	SCRIPTION										
SECTION A - INDIVIDUAL APPLICANT INFORMATION											
NAME (Last, Fir	st, Middle)										
BIRTHDATE	SOCIAL SECURITY	NO. TELEPHO	NE NO.	CELL NO.		DRIVER'S LI	DRIVER'S LISCENCE NO. NO. DEPENDENTS				
ADDRESS: s	TREET	CITY	STATE	ZIP		COUNTY		□ own □ rent?	HOW LONG		
PREVIOUS AD	DRESS (Street, City, S	tate & Zip) (Comple	ete if less than 3	years at present a	address)	COUNTY Do You own HOW LO					
EMPLOYER (Company Name & Address) HOW LOI											
BUSINESS PHO	ONE Ext.	POSITION OR TIT	TLE		SALARY P	ER MONTH S	UPERVISOF	2	1		
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: Court Order Written Agreement 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 request is paid off? No Yes - When?											
		SECTION	B - JOINT	APPLICATION	ON / CO		ino 🗀 i	es - when	ŗ		
NAME (Last, Fir	st, Middle)					RELATION	ISHIP TO AF	PPLICANT	(If Any)		
BIRTHDATE	SOCIAL SECURITY	NO. TELEPHO	NE NO.	CELL NO.		DRIVER'S LI	SCENCE N	D. NO. DE	PENDENTS		
ADDRESS: S	TREET	CITY	STATE	ZIP		COUNTY	Do You or	own rent?	HOW LONG		
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) COUNTY Do You or rent?								HOW LONG			
EMPLOYER (Company Name & Address) HOW LONG											
BUSINESS PHO	ONE Ext.	POSITION OR TIT	TLE	GROSS S	SALARY P	ER MONTH S	UPERVISOF	?			
PREVIOUS EM	PLOYER (Company N	ame and Address)		ĮΨ					HOW LONG		
NAME AND AD	DRESS OF NEAREST	RELATIVE NOT	LIVING WITH Y	OU REL	ATIONSHI	P TE	LEPHONE N	IO. (Include	Area Code)		
PERSONAL RE	FERENCE (Name & A	ddress)				TE	LEPHONE N	IO. (Include	e Area Code)		
	pport, or separate mainte							_	ion.		
Alimony, child support, separate maintenance received under: Court Order Written Agreement 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? No Yes - When?											

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SECTION C - MARITAL STATUS Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested									
APPLICANT	MARRIED	LEGALLY	SEPARATED	UNMAF	RRIED	(including s	ingle, divorced	d, and widowed)	
OTHER PARTY	MARRIED	SEPARATED UNMARRIED (including single, divorced, and wid					d, and widowed)		
If section B has been Please mark Applic			SSET & DEBT IN leted giving information on B was not complete			licant and lion about t	Joint Applicar he Applicant	nt or other person. in this Section.	
ASSETS OWNED	(Use separate she								
CHECKING ACCOUN	DESCRIPTION OF ASSET NT NUMBER(S)	NAME IN WHICH THE ACCOUNT IS CARRIED			SUBJECT TO DEBT?		VALUE \$		
SAVINGS ACCOUNT (where)	NUMBER(S)							Ψ	
CERTIFICATE OF DE (where)	EPOSIT(S)								
REAL ESTATE (location, date acquired	d)								
AUTOMOBILES (make, model, year)									
OTHER (list)									
OUTSTANDING DEB	TS (Including charge		ontracts, credit cards, ren						
CRED	ITOR	ACCOUNT NUMBER	NAME IN WI			IGINAL IOUNT	PRESENT BALANCE		
LANDLORD OR MOR	RTGAGE HOLDER	Rent Payment Mortgage			`	T RENT)	(OMIT REN	T)	
AUTOMOBILES (describe)		wortgage			\$		\$	\$	
TOTAL	DEBTS				\$	n	\$	0\$ 0	
		information about both	n the Applicant and Joint	Applicant or 0	1.			<u>υ</u> μ υ	
	ake Alimony, Support or		nts? No Yes				man mar a 111 h		
	ress) ndorser, or guarantor on	Amt. per month \$ No Yes If yes, for whom? To whom?							
Are there any unsatisfic	ed judgments against yo	If yes, to whom owed? Amount \$							
Have you been declare	ed bankrupt in the last 1	0 years? No No	Yes If yes, where?					Year?	
or not it is approved. I	By signing below I auth	norize you to check n	ication and on any atta ny credit and employm information at your red	ent history ar	nd to an	swer ques	tions others n		
Applicants Signature		 Date		Other Signa	ature (W	/here Applic	cable)	Date	