

**DECATUR MEDICAL DENTAL CREDIT UNION**

Date \_\_\_\_\_

Phone: 872-3789 Fax: 872-3784

Account # \_\_\_\_\_

**OFFICE USE ONLY**

SHARE BALANCE \$ \_\_\_\_\_ CDI S/J Y or N  
 LOAN BALANCE \$ \_\_\_\_\_ CREDIT LIFE S/J Y or N  
 ADD - ON \$ \_\_\_\_\_ NEW BALANCE \$ \_\_\_\_\_

**TYPE OF LOAN BEING APPLIED FOR**

Savings/Secured  RV/Boat/Motorcycle   
 Comaker  Other   
 Vehicle Loan  Interest Rate \_\_\_\_\_

AMOUNT REQUESTED	FOR HOW LONG	DESIRED PAYMENT/DATE	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI - MONTHLY	CALCULATED PAYMENTS  MO <span style="float:right">BW</span>
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PURPOSE OF LOAN

SECURITY DESCRIPTION

**SECTION A - INDIVIDUAL APPLICANT INFORMATION**

NAME (Last, First, Middle)

BIRTHDATE	SOCIAL SECURITY NO.	TELEPHONE NO.	CELL NO.	DRIVER'S LICENCE NO.	NO. DEPENDENTS
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ADDRESS: STREET	CITY	STATE	ZIP	COUNTY	Do You <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
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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
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EMPLOYER (Company Name & Address)	HOW LONG
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BUSINESS PHONE	Ext.	POSITION OR TITLE	GROSS SALARY PER MONTH	SUPERVISOR
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PREVIOUS EMPLOYER (Company Name and Address)	HOW LONG
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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PERSONAL REFERENCE (Name & Address)	TELEPHONE NO. (Include Area Code)
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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
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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?
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**SECTION B - JOINT APPLICATION / COMAKER**

NAME (Last, First, Middle)

BIRTHDATE	SOCIAL SECURITY NO.	TELEPHONE NO.	CELL NO.	DRIVER'S LICENCE NO.	NO. DEPENDENTS
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RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)	HOW LONG
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EMPLOYER (Company Name & Address)	HOW LONG
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BUSINESS PHONE	Ext.	POSITION OR TITLE	GROSS SALARY PER MONTH	SUPERVISOR
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PREVIOUS EMPLOYER (Company Name and Address)	HOW LONG
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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PERSONAL REFERENCE (Name & Address)	TELEPHONE NO. (Include Area Code)
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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
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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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**PLEASE ATTACH PAY STUB FOR VERIFICATION OF INCOME.**

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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  UNMARRIED (including single, divorced, and widowed)  
 OTHER PARTY  MARRIED  LEGALLY SEPARATED  UNMARRIED (including single, divorced, and widowed)

**SECTION D - ASSET & DEBT INFORMATION**

If section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or other person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

**ASSETS OWNED** (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
REAL ESTATE (location, date acquired)			
AUTOMOBILES (make, model, year)			
OTHER (list)			

**OUTSTANDING DEBTS** (Including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	Rent Payment Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
<b>TOTAL DEBTS</b>			\$ 0	\$ 0	\$ 0

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes  
 If yes, to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_  
 Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
 Are there any unsatisfied judgments against you?  NO  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**SIGNATURES** - I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

\_\_\_\_\_  
 Applicants Signature Date Other Signature (Where Applicable) Date

**CREDIT COMMITTEE ACTION (REQUIRES 2 SIGNATURES)**

**APPROVED DATE** \_\_\_\_\_ **BY** \_\_\_\_\_ / \_\_\_\_\_

**DECLINED DATE** \_\_\_\_\_ **BY** \_\_\_\_\_ / \_\_\_\_\_

**REASON** \_\_\_\_\_