REQUIRED INFORMATION FOR LOANS

LOANS WILL NOT BE PROCESSES WITHOUT THIS INFORMATION

APPLICATION NEEDS FILLED OUT FOR EACH PERSON GOING ON THE LOAN

PERSONAL LOAN

- ONE MONTH MOST RECENT PAY STUB

CO-MAKER LOAN

- ONE MONTH MOST RECENT PAYSTUB FOR APPLICANT AND CO-APPLICANT

AUTO LOAN

- ONE MONTH MOST RECENT PAYSTUB FOR APPLICANT AND IF CO-APPLICANT OR BANK STATEMENT/SS OR PENSION STATEMENT IF RETIRED
- WINDOW STICKER (IF NEW)/PURCHASE AGREEMENT (NEW & USED)
- PROOF OF INSURANCE (BINDER OR DECLARATION PAGE SHOWING BAFCU AS LIENHOLDER DAY OF SIGNING)
- IF 100,000-150,000 MILES NEED CARFAX AND PICTURES OF THE VEHICLE INCLUDING THE ODOMETER WHILE IT IS ON
- IF AUTO REFINANCING: 15-DAY PAYOFF, DAILY PER-DIEM, NAME ON THE LOAN, NAME OF INSTITUTION, ADDRESS TO MAIL PAYOFF, & ACCOUNT NUMBER

RECREATIONAL VEHICLE/BOAT/CAMPER LOANS

- ONE MONTH MOST RECENT PAYSTUB FOR APPLICANT AND IF CO-APPLICANT/OR BANK STATEMENT/SS OR PENSION STATEMENT IF RETIRED
- MSRP (IF NEW)/PURCHASE AGREEMENT (NEW & USED)
- PROOF OF INSURANCE (BINDER OR DECLARATION PAGE SHOWING BAFCU AS LIENHOLDER DAY OF SIGNING)
- IF REFINANCING: 15-DAY PAYOFF, DAILY PER-DIEM, NAME ON THE LOAN, NAME OF INSTITUTION, ADDRESS TO MAIL PAYOFF, & ACCOUNT NUMBER

- **IF SELF-EMPLOYED, WE WILL NEED TWO YEARS OF FULL TAX RETURNS FOR PROOF OF INCOME**

Auto Transfer _____
Christmas/Vacation/Checking _____

TO BE COMPLETED BY TREAS.
SHARE BALANCE _____
LOAN BALANCE _____
LOAN STATUS _____

_____ Credit Union

Account No. _____
Note No. _____
Soc. Sec. No. _____

APPLICATION FOR LOAN

I, _____ (print name), hereby apply for a loan of $_____ for a period of _____ weeks months,

to be repaid in _____ ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly installments of $_____ ☐ each including interest; ☐ each plus interest; and the balance of the payment credited to my share amount. I prefer the first payment to fall due on _____

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

_____

Co-makers or security offered (if any) _____

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. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me.

_____ Date _____ Signature of Applicant

Address _____
City _____ State _____

Information below, including appropriate signature (s), is to be filled in by *either* the credit committee or loan officer, depending upon who acts upon this application.

On _____, _____, (I) (We) approved a loan in the amount and on the conditions requested by the above applicant, except as follows (list any changes in amount, terms, or conditions): _____

Approved by CREDIT COMMITTEE:	Approved by LOAN OFFICER:
_____ _____ _____	
_____ _____ _____	
_____ _____ _____	
(All committee members shown as present in the minutes of the meeting at which this application was approved must sign above.)	

Level Payment

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APPLICANT'S STATEMENT

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

CREDITOR	ADDRESS	MO. PAYMENT	AMT. OWING
Home		$	$
Auto		$	$
Other		$	$
		$	$
		$	$
		$	$

Employed By _____ Address _____

Years Employed _____ Position _____

Clock or Payroll No. _____ Salary $_____ per _____ Bus. Phone _____

Date of Birth _____ Number of dependents (exclude self) _____ Home Phone _____

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

Market Value _____ Monthly Rental _____

Own Residence — $ _____ Rent Residence — $ _____

References _____

Other Pertinent Information _____

Other Income: 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.

CO-MAKER'S STATEMENT

NAME OF CO-MAKER _____ ADDRESS _____

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

CREDITOR	ADDRESS	MO. PAYMENT	AMT. OWING
Home		$	$
Auto		$	$
Other		$	$
		$	$
		$	$
		$	$

Employed By _____ Address _____

Years Employed _____ Position _____

Clock or Payroll No. _____ Salary $_____ per _____ Bus. Phone _____

Date of Birth _____ Number of dependents (exclude self) _____ Home Phone _____

Relation to Applicant (if any) _____

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

Market Value _____ Monthly Rental _____

Own Residence — $ _____ Rent Residence — $ _____

References _____

I certify that the above statements are true and complete.

(DATE) _____ (SIGNATURE OF CO-MAKER) _____

COMAKERS SS#: