

## Edco Federal Credit Union Credit Application

Date \_\_\_\_\_ Amount Requested \_\_\_\_\_ Acct # \_\_\_\_\_ Type of Loan \_\_\_\_\_ Loan Purpose \_\_\_\_\_

Credit Life and Disability Insurance is not required to obtain this loan.

Do you wish to purchase Credit Life Insurance ( ) yes ( ) no      Do you wish to purchase Disability Insurance ( ) yes ( ) no

**Please attach a current copy of your pay stub (Required)**

Applicant : Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Home # \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years at this address \_\_\_\_\_ ( ) Own ( ) Rent    Number of Dependent \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employers Name \_\_\_\_\_ Years Employed \_\_\_\_\_ Mo. \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gross Wages : Per hour \_\_\_\_\_ Per week \_\_\_\_\_ Per month \_\_\_\_\_ Other Income \_\_\_\_\_  
Source \_\_\_\_\_

If there are other sources of income you would like us to consider, please list the income, source and person to whom we can write for confirmation. Income from alimony, child support need not to be revealed if you do not choose to rely upon such income in applying for credit.

Co-Applicant : Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Home # \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years at this address \_\_\_\_\_ ( ) Own ( ) Rent    Number of Dependent \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employers Name \_\_\_\_\_ Years Employed \_\_\_\_\_ Mo. \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gross Wages : Per hour \_\_\_\_\_ Per week \_\_\_\_\_ Per month \_\_\_\_\_ Other Income \_\_\_\_\_  
Source \_\_\_\_\_

<u>Debt:</u>		<u>Type</u>	<u>Creditor Name</u>	<u>Credit Limit</u>	<u>Balance</u>	<u>Payment</u>
Applicant	Co - Applicant					
( )	( )	Mortgage / Rent				
( )	( )	<u>Auto</u>				
( )	( )	_____				
( )	( )	_____				
( )	( )	_____				
( )	( )	_____				

Financial Institution \_\_\_\_\_ Savings # \_\_\_\_\_ Checking # \_\_\_\_\_ Have you ever been Bankrupt ? \_\_\_\_\_  
When ? \_\_\_\_\_

Nearest Relative (not living with you) Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

I hereby authorize the Credit Union to whom this application is made, or any Credit Bureau or other investigative agency employed by such Credit Union to investigate the references herein listed or statements or other data obtained from me or from any other source what so ever pertaining to my credit and financial responsibility. The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain Separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. We may report information about Your loan and deposit accounts to credit bureaus. Late payments, missed payments or other defaults on your accounts may be reflected in your credit report.

Applicant \_\_\_\_\_ Co - Applicant \_\_\_\_\_ Date \_\_\_\_\_