

Edco Federal Credit Union Credit Application

Loan # _____ - _____

Payment _____

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 _____

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

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

Nearest Relative (**not living with you**) Name _____ Phone # _____

Address _____ Relationship to you _____

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 _____

Loan Officer Action

Loan Officer:

I approve the loan as submitted

I reject the loan as submitted

Specific reason (s) for rejection: _____

Loan Officer Signature _____ Date _____

CDR _____%