

Community Healthcare Federal Credit Union Loan Application

Please print this form, fill it out and fax to **425-252-9377**

General Information:

Will there be a co-applicant on this application: Yes No

Marital Status: Complete marital status if this loan is for:

a. Joint or secured credit, or

b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Unmarried

Married

Separated

This loan is not for joint or secured credit and I do not live in the states listed above.

Type of Loan Requested:

Loan Amount Requested:

Loan Term Requested:

Primary Applicant:

Last Name:

Member Number:

First Name:

Middle Name:

Social Security Number (TIN):

Date of Birth:

Number of Dependents:

Ages of Dependents:

Home Phone Number:

Work Phone Number:

Other Phone Number:

Email Address:

Drivers License #:

Drivers License State:

Home Address

Address 1:

Address 2:

City:

State, Zip:

Time at Current Residence:

Residence Type: Rent Own Other:

Monthly Payment:

Previous Address

Address 1:

Address 2:

City:

State, Zip:

Time at Previous Residence:

Residence Type: Rent Own Other:

Present Employer

Name:

Phone Number:

Employment Status: Full Time Part Time Temp Retired Other (please specify):

Job Title:

Job Start Date:

Gross Salary:

per Year Month Hour

Other Income:

per Year Month Hour

Other Income Source:

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.

<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Co-Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
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.	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	

Gross Salary: _____ per Year Month Hour

References

Nearest Relative Not Living With You

Last Name: _____ First Name: _____

Relationship: _____ Phone Number: _____

Address 1: _____

Address 2: _____

City: _____ State, Zip: _____

Debts/Monthly Payments:

List all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan.

Debt	Monthly Payment	Debt	Monthly Payment

Additional Information

How would you prefer to be contacted?
 Home Phone
 Work Phone
 Other Phone
 Email Address
 Other:

Special Instructions/Comments:

Signatures

Income verification is required; other information may be required.

I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs.(Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)

Primary Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____