

Lubbock Teachers Federal Credit Union

APPLICATION FOR LOAN (unsecured/secured closed end)

Date _____

Name _____ Acct # _____

I/We hereby apply for a loan as follows: (** to be completed by applicant)

Amount of Money Requested. \$ _____ **

Purpose of Loan ** _____

Joint Credit—Joint Applicant or Co-Maker (person who will be equally liable for repayment)

Name _____

(Have this person complete a separate application)

Relationship to applicant, if any _____

Secured Credit—Collateral

Shares in account _____ \$ _____

New/Used Auto—Make _____ Year _____ Cost/Value \$ _____

Other: _____

Owners' Names _____

GENERAL INFORMATION

Marital Status: (must be completed since Texas is a Community Property State)

Unmarried Married Separated

Full Name _____ Birth Date _____ Soc. Security # _____

Driver's Lic. No. _____ Address _____ Yrs there _____

City _____ State _____ Zip Code _____

Home/Cell Phone _____ Business Phone _____

Present Employer: _____ Years there _____

Position or Title _____ Supervisor/Principal _____

Employers Address _____

City _____ State _____ Zip Code _____

Spouse's Name (if applicable) _____ Spouse's Soc. Sec.# _____

Dependents _____ Ages _____

Name of nearest relative **not** living with you _____ Relationship _____

Address _____

Salary (Gross Net) \$ _____ Per _____

Spouse's Income or other income* \$ _____ per _____ 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 loan.

Is any income listed likely to be reduced before this loan is paid off? No Yes

If yes, explain _____

Checking Account # _____ Where _____

Savings Account # _____ Where _____

CREDIT LIFE AND DISABILITY

If you wish to purchase Credit Life insurance and/or Credit Disability Insurance for your loan, please check the appropriate box.

	YES	NO
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>
Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>
Joint Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>

If present residence less than 2 years, complete next 2 lines
 Previous Street Address _____ Years there _____
 City _____ State _____ Zip Code _____

If present employment less than 3 years, complete next 2 lines
 Previous Employer _____ Years there _____
 Previous Employer's Address _____

OUTSTANDING DEBTS (list everything)

Creditor	Date of Loan	Original Debt	Present Balance	Monthly Payment	Past due? Y/N
Rent					
Mortgage					
Auto Loan					
Credit Union					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Child Care Expense					
Other					
Other					
Attach another sheet if necessary					
TOTALS					

Are there any other persons obligated on any of the above loans? No Yes
 Which one and who? _____

Are you a co-maker, co-signer or guarantor on any loan? Yes No
 For Whom? _____ To Whom? _____

Have you been declared bankrupt in the last 14 years? No Yes

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Signature of Member _____ Date _____

The Credit Union may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected on your credit report.

LOAN OFFICER ACTION

 Loan Officer Signature

Loan Officer:
I approve the loan as submitted.
I reject the loan as submitted.
Specific reason for rejection _____

The following counter-offer will be made to the applicant and if accepted, I approve the loan: _____

Outside information considered? Yes No(describe) _____

ECOA notice and reason for rejection sent or delivered on _____

Signed _____