

Loan Application

Mt Pleasant Baptist Church
Federal Credit Union
P.O. Box 11146
Alexandria, VA 22312

Account/Loan: Individual Joint

Amount Requested \$ _____ Purpose/Collateral: _____

Payment Protection (Optional - will not effect loan approval)
(Check Desired Coverage. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election must be signed for the coverage to become effective.)

Single Credit Disability Insurance
Single Credit Life Insurance
Joint Credit Life Insurance

Applicant

Co-Applicant

Name (Last-First-Initial)		Mother's Maiden Name	
Account Number		Social Security Number	
Driver's License Number/State		Number of Dependents	
Birth Date		Home Phone:	
		Business Phone:	
Present Address (Street - City- State- Zip)		Own <input type="checkbox"/> Rent <input type="checkbox"/>	
		Years at this Address	
Previous Address (Street - City- State- Zip)		Own <input type="checkbox"/> Rent <input type="checkbox"/>	
		Years at this Address	
Complete for Joint Credit, Secured Credit or if you live in a community property state: Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> (Single - Divorced - Widowed)			
Employment/Income			
Name and Address of Employer			
Title/Grade	Start Date	Hours at Work	
Supervisor's Name		If Self Employed, Type of Business	
Notice: Alimony, Child Support, or Separate Maintenance Income Need Not be revealed if you do not choose to have it considered.			
Employment Income		Other Income	
\$ _____ per _____		\$ _____ per _____	
Net <input type="checkbox"/> Gross <input type="checkbox"/>		Source	
Military: Is Duty Station Transfer Expected During Next Year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Where		Ending/Separation Date	
Previous Employer Name and Address if Employed Less Than Five Years			
		Starting Date	
		Ending Date	
Applicant Reference			
Name and Address of Nearest Relative Not Living With You		Relationship	
		Home Phone	
What You Own		List Location of Property or Financial Institution	
Home			
Auto			
Savings			
Checking			
Other			

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Other Reference			
Name and Address of Nearest Relative Not Living With You		Relationship	
		Home Phone	
Market Value		Pledged as Collateral for Another Loan	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

What you Owe	Creditor Name Other Than This Credit Union	Creditors Address	Account Number	Present Balance	Monthly Payments
Rent First Mortgage					
Second Mortgage					
1st Auto Loan					
2nd Auto Loan					
Child Care					
Child Support					
Credit Card					
Credit Card					
Other					
Other					

Applicants Signature _____ Date: _____ Co-Applicants Signature _____ Date: _____

To be Completed by Credit Union Officials

Account Verified By: _____ Date: _____

Credit Report Obtained By * _____ Date: _____

*(Not required for secured loans)

Credit Committee Notes: _____

Approval Signature: _____

Approval Signature: _____