



LOAN APPLICATION

Please print this form, fill it out and fax to:
(724) 375-1938

General Information

Will you be applying for individual or Joint Credit: Joint Individual

If applying for joint credit, please sign below to verify that you intend to apply for joint credit

Applicant: _____ Co-Applicant: _____

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

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.

Other Income: _____ per Year Month Hour

Other Income Source: _____ Phone Number: _____

Previous Employer

Name: _____ Phone Number: _____

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

Job Title: _____ Job Start Date: _____

Job End Date: _____

Gross Salary: _____ per Year Month 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:		<input type="checkbox"/> per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
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.			
Other Income:		<input type="checkbox"/> per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
Other Income Source:			
<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:		<input type="checkbox"/> per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
References			
<i>Nearest Relative Not Living With You</i>			
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: