

# Consumer Loan Application



250 Murphy Road  
Hartford, CT, 06114  
Phone: 860-560-9036  
www.mdecu.org

**LOAN ACCOUNT REQUEST**  Individual Account  Joint Account |  Consumer Loan  Home Equity Loan 1

Collateral \_\_\_\_\_ Amount Requested \_\_\_\_\_

**MEMBER INFORMATION** (Complete only the "Member" section if you are requesting an individual loan account and not relying on another's income or assets to repay the debt.) 2

**Member Name** \_\_\_\_\_ Member Number \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Mailing Address (if different from physical address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License - State, Number & Issue and Exp. Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

**Housing**  Own  Rent \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Balance Owing \_\_\_\_\_ Length at Current Adr. \_\_\_\_\_

Please indicate marital status if you reside in a Community Property State (LA, AZ, CA, ID, NM, NV, TX, WA, WI)  Married  Separated  Unmarried

**MEMBER/APPLICANT EMPLOYMENT & INCOME INFORMATION** 3

**Present Employer** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*If Self-employed or commissioned, please submit full copies of last two years income tax returns.*

Position/Profession \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Time of Employment \_\_\_\_\_ Other Income\* \$ \_\_\_\_\_

*\*Notice: Alimony, child Support or Separate Maintenance income need not be revealed if you do not choose to have it considered.*

**CO-APPLICANT INFORMATION** (Complete "Co-Applicant" section with Co-Applicant information for joint credit.) 4

**Co-Applicant Name** \_\_\_\_\_ Member Number \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Mailing Address (if different from physical address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License - State, Number & Issue and Exp. Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

**Housing**  Own  Rent \_\_\_\_\_  
Monthly Payment \_\_\_\_\_ Balance Owing \_\_\_\_\_ Length at Current Adr. \_\_\_\_\_

Please indicate marital status if you reside in a Community Property State (LA, AZ, CA, ID, NM, NV, TX, WA, WI)  Married  Separated  Unmarried

**CO-APPLICANT EMPLOYMENT & INCOME INFORMATION** 5

**Present Employer** \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*If Self-employed or commissioned, please submit full copies of last two years income tax returns.*

Position/Profession \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_  
Time of Employment \_\_\_\_\_ Other Income\* \$ \_\_\_\_\_

*\*Notice: Alimony, child Support or Separate Maintenance income need not be revealed if you do not choose to have it considered.*

**OTHER INFORMATION ABOUT APPLICANT(S)** 6

<i>If you answer YES to any question below other than #1, explain on an attached sheet.</i>	Member/Applicant	Co-Applicant
1. Are you a U.S. citizen or permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you currently have any outstanding judgements or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon or repossessed in the last 7 years or been party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your income likely to decline in the next two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*continued next page*

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## WHAT YOU OWE (Attach Additional Sheet if Necessary)

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Type of Debt	Creditor Name	Interest Rate	Current Balance	Monthly Payment	Owed By	
					Applicant	Co-applicant
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Are you a Co-Maker, Co-Signer or Guarantor on any loan not listed above? Member/Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No    Co-applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No For Whom? (Name(s) of others obligated on the loan)    To Whom? (Name of Creditor)				<b>Totals</b>		
				List any other names under which your credit references and credit history can be checked.		

## WHAT YOU OWN (Attach Additional Sheet if Necessary)

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Type of Property	List Location of Property or Financial Institution	Market Value	Pledged as Collateral for Another Loan	Owned By	
				Applicant	Co-applicant
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGMENT** By signing below, you certify that the information on this Application is complete, true, and submitted for the purpose of obtaining credit. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance; and (c) that you will give the Credit Union your new address if you move, and that all notices and statements from the Credit Union may be sent to the address(es) shown on this Application or any address correction received from the U.S. Postal Service for any applicant. **Signature by two persons below indicates intent to apply for joint credit.**

Member/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Loan Originator Name \_\_\_\_\_ Loan Originator Signature \_\_\_\_\_ NMLS Number \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Approved	Date _____		Amount Approved _____	Loan Number _____	Debt Ratio/Score _____	10
	<input type="checkbox"/> Denied (Adverse Action Notice Sent)	Comments _____		Loan Officer Signature _____		Date _____	