

## Winston-Salem Federal Credit Union Loan Application

Please print this form, fill it out and fax to 336-727-8422

General Information:	
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> 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) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> 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: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
Previous Address	
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:
Present Employer	
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
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 <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
Previous Employer	
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:	
Home Address			
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:			
Previous Address			
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:	
Present Employer			
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	
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 <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	
Other Income Source:			
Previous Employer			
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	
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

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 Credit Union, information concerning me or my affairs.(Sec. 1014, Title 13, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application of a Federal Credit Union.)

I authorize you to gather whatever credit and employment information you consider necessary and appropriate. I authorize you to give information concerning your credit experience with me to others. I understand that you will retain this application whether or not credit is approved. If this application is signed by more than one person, the words "I" and "my" shall mean all those who sign the application.

Primary Signature:

Date:

Joint Owner Signature:

Date: