



## APPLICATION FOR LOAN

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AUTO, TRUCK, VEHICLE LOAN   
  SIGNATURE LOAN   
  QUICK CASH (OPEN-END REVOLVING)   
  OVERDRAFT PROTECTION

NOTE AND COMPLETE PLEASE PRINT IN INK OR TYPE	
<input type="checkbox"/> Individual Credit (Complete Applicant Section) <input type="checkbox"/> Joint Credit (Complete Applicant and Co-Applicant Sections)	
Amount Requested: \$	Purpose:
Term Requested (In Months):	Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Monthly Coupon

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

APPLICANT					
Member/Owner Name: (Last, First, M.I.)					
Social Security Number:			Birth Date:		
Driver's Licence #:			Driver's Licence State:		
Home Phone: (    )			Work Phone: (    )		
Current Address (Street, City, State Zip):		Years at This Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Previous Address (Street, City, State Zip):		Years at This Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Reasonable Market Value of Home: \$			Complete for Joint Credit, Secured Credit, or if you live in a Community Property State: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		
Name and Address of Present Employer:					
Job Title/Section:		Date Employed:	Salary:	Per Hour:	Hours Worked Per Week:
Name of Previous Employer:		Dates Employed:		Position:	
Other Monthly Income: \$		Source:			
NOTICE: Alimony, child support, or maintenance income does not need to be revealed if you do not wish to have it considered.					
Parent or Nearest Relative:			Relationship:		Phone #:
Address of Relative:					
Autos/Trucks/Vehicles Owned: Vehicle 1 - Year:		Make:	Model:	Vehicle 2 - Year:	Make:
					Model:
Bank Reference - Checking: Bank Name:			Address:		Account #:

CO APPLICANT					
Member/Owner Name: (Last, First, M.I.)					
Social Security Number:			Birth Date:		
Driver's Licence #:			Driver's Licence State:		
Home Phone: (    )			Work Phone: (    )		
Current Address (Street, City, State Zip):		Years at This Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Previous Address (Street, City, State Zip):		Years at This Address:		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Reasonable Market Value of Home: \$			Complete for Joint Credit, Secured Credit, or if you live in a Community Property State: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		
Name and Address of Present Employer:					
Job Title/Section:		Date Employed:	Salary:	Per Hour:	Hours Worked Per Week:
Name of Previous Employer:		Dates Employed:		Position:	
Other Monthly Income: \$		Source:			
NOTICE: Alimony, child support, or maintenance income does not need to be revealed if you do not wish to have it considered.					
Parent or Nearest Relative:			Relationship:		Phone #:
Address of Relative:					

Email is not a secure communication. Please take appropriate cautions if emailing this form.

LOANAPPLICATION2013

**Bridge Credit Union, Inc.**

1980 W. Broad Street, Mail Stop #0000, Columbus, Ohio 43223 • Toll-Free: 800.434.7300 Local: 614.466.4988 • Fax: 614.466.5118 • memberinfo@bridgecu.org • www.bridgecu.org



**DEBTS** LIST ALL DEBTS, INCLUDING RENT/MORTGAGE LOANS, CREDIT CARDS, SECOND MORTGAGES, LOT RENT, HOME ASSOC. DUES, ETC.

To Whom	Address	Purpose	Payment	Balance
1. Mortgage/Rent:		Mortgage / Rent	\$	\$
2. Auto:		Auto/Truck	\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$

Number of Dependents (Exclude Self):	Dependent(s) Birth Date(s):	if you answer YES on any of these questions, explain on attached sheet.
Are you liable for Child Support, Alimony or Maintenance Payments? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____/Month		
Are you a loanmaker on any other loans? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever filed bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any suits or collections pending? <input type="checkbox"/> YES <input type="checkbox"/> NO
PAYMENT PROTECTION Are you interested in having your loan protected? <input type="checkbox"/> Credit Disability <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Credit Life <input type="checkbox"/> Individual <input type="checkbox"/> Joint If you choose one of the coverage, then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for the protection to be effective.		
X _____ SIGNATURE	_____ DATE	X _____ SIGNATURE

**NOTICE**  
I hereby certify everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

I hereby authorize the Credit Union to whom this application is made, or any Credit Bureau or other investigative agency employed by such Credit Union, to investigate the references herein listed or statements or other data obtained from me or from any other source whatsoever pertaining to my credit and financial responsibility.

"The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law."

I wish to save \$ \_\_\_\_\_ per pay period in addition to loan payments.

X \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

SHARES \$ _____	CERTIFICATES \$ _____	ACCOUNT # _____	PRESENT PRD \$ _____
IRA \$ _____	CHECKING \$ _____	DIRECT DEPOSIT # _____	OTHER DISTRIBUTIONS:
01 LOAN BALANCE \$ _____	DUE DATE \$ _____	RATE _____	% PAYMENT \$ _____ COL. _____
02 LOAN BALANCE \$ _____	DUE DATE \$ _____	RATE _____	% PAYMENT \$ _____ COL. _____
VISA BALANCE \$ _____	LIMIT \$ _____	RATE _____	% PAYMENT \$ _____
MONTHLY PAYMENTS \$ _____	GROSS MONTHLY INCOME \$ _____	INDIV. \$ _____	JOINT/ADDL \$ _____
DEBT RATIO _____	% INDIVIDUAL _____	% JOINT _____	

**LOAN OFFICER /CREDIT COMMITTEE ACTION**

APPROVED AMOUNT \$ \_\_\_\_\_ FOR \_\_\_\_\_ MONTHS AT \$ \_\_\_\_\_ PER PAY/MO.

COLLATERAL \_\_\_\_\_ NADA VALUE \_\_\_\_\_ RATE \_\_\_\_\_ %

REFERRED TO CREDIT COMMITTEE DUE TO \_\_\_\_\_

DENIED \_\_\_\_\_

DATE \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

CHECK TO: \_\_\_\_\_ COMMENTS/INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_ CHECK# \_\_\_\_\_ DATE \_\_\_\_\_

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