



UAW MO-KAN Federal Credit Union
 3254 Brinkerhoff Rd. • Kansas City, Kansas 66115
 913-342-0293 • Fax 913-321-5286

CREDIT APPLICATION

(print in ink)

1. Full Name _____
2. Share Balance \$ _____ 7. Acct. No. _____
3. Payroll Deduction \$ _____ 8. Soc. Sec. No. _____
4. Loan Balance \$ _____ 9. Clock No. _____
5. New Money \$ _____ 10. Shift _____

I hereby apply for a total or combined loan of \$ _____ for a period of _____ Months to be repaid in monthly installments of \$ _____ each.
(total of #4 + #5 above)

I prefer the first payment to fall due on _____ (Maximum 45 days)

I desire this loan for the following purpose (explain fully): _____

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Comakers or Security offered (comaker must fill out a complete application) _____

Year	Make	Model	Body Style	Ser. No.	No. Cyl.	New/Used
Equipment: ___ Auto Trans. ___ Air Cond. ___ "T" Radio: ___ AM ___ FM ___ STE ___ TD						
___ Vinyl Roof ___ Moon ___ Sun Power: ___ Brakes ___ Steer ___ Seats ___ Windows						
Year	Make	Model	Body Style	Ser. No.	No. Cyl.	New/Used
Equipment: ___ Auto Trans. ___ Air Cond. ___ "T" Radio: ___ AM ___ FM ___ STE ___ TD						
___ Vinyl Roof ___ Moon ___ Sun Power: ___ Brakes ___ Steer ___ Seats ___ Windows						

List Additional Collateral on Separate Paper.

Do you carry Collision and Comprehensive: (information needed on vehicle loans) ___ Yes ___ No

Insurance Agent: _____

NAME (First) _____ (Middle) _____ (Last) _____			Date of Birth (for ins) _____	Driver's Lic. # _____	State _____
HOME ADDRESS (Street) _____ (City) _____ (State) _____ (Zip) _____				OWN () RENT ()	Home Phone _____
YEARS THERE _____	MONTHLY PAYMENT OF RENT _____		NO. OF DEPENDENTS _____	Age _____	
PREVIOUS ADDRESS 5 YEARS _____					

PLEASE PRINT

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FULL NAMES AND ADDRESS OF THREE NEAR RELATIVES NOT LIVING WITH YOU

Name	Address	City	State	Phone	Relation

Complete the following information about joint applicant or other parties or if the spouse will be contractually liable, community property or spouse income is used for repayment, or will use the account.

Name _____ Address _____

Soc. Sec. # _____ Date of Birth _____

Employer _____ Address _____

Date Employed _____ Position _____

Weekly/Monthly Salary \$ _____ Employer's Telephone No. _____

Below for office use only

On _____, (I) (We) approved a loan in the amount and on the conditions requested by the above applicant, except as follows: (list any changes in amount, terms or conditions). _____

Approved by CREDIT COMMITTEE:

Approved by
LOAN OFFICER

Approved

Reject

CREDIT INFORMATION
(print in ink)

INCOME

NAME AND ADDRESS OF CURRENT EMPLOYER SENIORITY DATE DATE STARTED WORK

\$ PER \$ PER
OCCUPATION, POSITION OR TITLE GROSS PAY NET PAY
PREVIOUS EMPLOYERS (5 Years) Address:State Date Started/Left

1. _____
2. _____
3. _____

Notices: Income from alimony, child support, or separate maintenance payments need not be revealed if the applicant does not choose to disclose such income in applying for credit. Is any income listed above from alimony, child support, or separate maintenance payments. No () Yes ().

Alimony \$ _____ Person Liable _____

Child Support \$ _____ Person Liable _____

Maintenance Payments \$ _____ Person Liable _____

Other Income \$ _____ Source _____

Sources of other income: (Include the amount and frequency) _____

ASSETS

AUTOMOBILE AND OTHER VEHICLES: (Include Year and Make) _____

ESTIMATED VALUE OF HOME AND OTHER REAL ESTATE _____

SAVINGS, STOCKS AND LIFE INSURANCE WITH CASH VALUE, Total Value \$ _____

CHECKING ACCOUNT # BANK ADDRESS

Are you a co-maker on any loans; if yes, how much? Total amount \$ _____

DEBTS	NAME OF CREDITOR	ADDRESS	SECURITY	BALANCE	PAYMENT
HOME					
AUTO					
CREDIT CARDS					
OTHER CREDIT REFERENCES (Include Medical)					

I OWE ALL OTHER CREDITORS (exclusive of the debts above) _____ TOTAL \$ _____

OTHER OBLIGATIONS — (E.g., liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary) _____ TOTAL \$ _____

BANKRUPTCY REPOSSESIONS LEGAL PROCEEDINGS PENDING AGAINST YOU
DATE: _____

ARE YOU ON SICK LEAVE NO () YES ()

If your payments are made by payroll deduction and for any reason it stops (sickness, strike, layoff, quit, etc.) you must make payments.

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.

Applicant's Signature Date Other Signature (Where Applicable) Date