

MAWC CREDIT UNION
 727 Craig Road
 St. Louis, MO 63141
 (314) 996-2399 FAX (314) 991-3748

Date _____
 Acct. No. _____
 Note No. _____

TYPE OF LOAN REQUESTED		
APPLICATION FOR (double click on a box & enter X) <input type="checkbox"/> INDIVIDUAL CREDIT <input type="checkbox"/> JOINT CREDIT	<input type="checkbox"/> Share Secured Loan	<input type="checkbox"/> Signature Loan <input type="checkbox"/> Holiday or other Unsecured
<input type="checkbox"/> Collateral Loan (List Security on Back)		

APPLICANT'S STATEMENT

(x) I hereby apply for a loan for the following purpose(s) _____ Amount Needed \$ _____

(x) To be repaid in _____ mos. Present Balance (if refinancing) \$ _____ Payroll Deduction Yes _____ No _____

(x) Name _____ Soc Sec No. _____

(x) Address _____ Driver's Lic. No. _____

(x) City, State, Zip _____ Date of Birth _____

(x) Home Phone # _____ Cell Phone # _____ Work Phone # _____

Former address if less than 3 years at present address _____

Employer _____ Address _____

Yrs. of Service _____ Start date (if less than 1 year) _____ Position _____ Supervisor _____

Net Salary \$ _____ (Check One) Weekly _____ Bi-Weekly _____ Monthly _____ Semi-Mo _____ Annually _____

Former employer (if less than 1 year current service) _____ Address _____

Home: (Check One) Rent _____ Own _____ # of Years _____ Monthly House/Rent Pmt \$ _____

Landlord's Name (if renting) _____ Landlord's Phone # _____

Mortgage Balance \$ _____ Financed by _____

Name of Relative (not living with you) _____ Home Phone _____ Cell Phone _____

Relationship _____ Address _____

Personal Reference (other than relative) _____ Home Phone _____ Cell Phone _____

Are you a guarantor on any loan? Yes _____ No _____ Date _____ Name of debtor _____ Amt \$ _____

Have you declared bankruptcy in the last 10 years? Yes _____ No _____ Date _____

Have you any legal proceedings pending against you? Yes _____ No _____ If yes, explain in writing.

If you want to offer collateral, report other income, include a joint borrower or guarantor, complete reverse side.

The statements herein on this application are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief. You are hereby authorized to make any credit investigation the credit committee deems necessary.

Witness _____ Applicant's Signature _____

Witness _____ Joint Signature (if applicable) _____

MUST COMPLETE REVERSE SIDE

FOR OFFICE USE ONLY

Interest Rate % _____	Loan Type _____	Collateral Type _____	CBR <input type="checkbox"/>	DATE _____
D. Cash advanced	\$ _____	K. Date of first pmt.	\$ _____	
E. Unpaid balance refinanced	\$ _____	L. Amount of each pmt.	\$ _____	
F. Proceeds (D--E)	\$ _____	M. No. of payments	\$ _____	
G. Other charges/interest	\$ _____	N. Frequency of pmts.	\$ _____	
H. Amount financed	\$ _____			
I. FINANCE CHARGE	\$ _____			
J. Total of payments	\$ _____			
Approval				
Loan Officer _____	Cr. Com _____	Cr. Com _____		