



# LOAN APPLICATION

Membership Number \_\_\_\_\_

## Important Please check appropriate box:

In my name only (complete the first page, part 6 and part 7 of the application)

In conjunction with my spouse (complete all parts of the application)

In conjunction with another person (complete the first page and the other person the second page of the application) If

you wish to jointly apply for credit, please initial here: \_\_\_\_\_ applicant \_\_\_\_\_ co-applicant

With a co-signer (complete this page and the co-signer the second page)

## Part 1. Information about your Loan

|                        |  |   |
|------------------------|--|---|
| Amount Requested<br>\$ | Term<br>_____ installments <input type="checkbox"/> Monthly<br>_____ Biweekly of \$_____ each <input type="checkbox"/> | Type of Loan<br><input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #11 <input type="checkbox"/> Other_____ <input type="checkbox"/> Demand Loan (Term_____ years) |
|------------------------|--|---|

### Purpose of Loan

## Part 2. Information about Applicant

|   |         |                     | Birth Date             |     |   |                      |               |
|---|---------|---------------------|------------------------|-----|---|----------------------|---------------|
| Name  | Surname | Second Surname      | Month                  | Day | Year  | Social Security No.  |               |
| Home Address  |         | City                | Zip Code               |     |   | Years at Address     |               |
| Postal Address  |         | City                | Zip Code               |     |   | Driver's License No. |               |
| Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried               |         | No. of Dependents   | Cell Phone No.         |     | Personal E-Mail   |                      |               |
| Work Unit   |         | Position            | Supervisor's Name      |     | Business Phone  | Extension            | Years at Work |
| Gross Income<br>\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly   |         | Other Income*<br>\$ | Source of Other Income |     | Total Income<br>\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly |                      |               |
| Do You: <input type="checkbox"/> Own? <input type="checkbox"/> Rent? <input type="checkbox"/> Live with family? Monthly Payment \$_____ |         |                     |                        |     |   |                      |               |

\* You do not need to include alimony or child support income if you do not wish to have it considered as a basis for repaying this loan.

## Part 3. Information about spouse

|   |         |                      | Birth Date             |     |   |                     |               |
|---|---------|----------------------|------------------------|-----|---|---------------------|---------------|
| Name  | Surname | Second Surname       | Month                  | Day | Year  | Social Security No. |               |
| Home Phone No.  |         | Driver's License No. | Cell Phone No.         |     | Personal Email  |                     |               |
| Current Employer Name or Business   |         | Position             | Supervisor's Name      |     | Business Phone  | Extension           | Years at Work |
| Gross Income<br>\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly |         | Other Income*<br>\$  | Source of Other Income |     | Total Income<br>\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly |                     |               |

\* You do not need to include alimony or child support income if you do not wish to have it considered as a basis for repaying this loan.

## Part 4. Debts and / or Commercial References (include spouse's debts if necessary)

| Name of Creditor | Account Number | Original Debt | Unpaid Balance | Monthly Payment |
|------------------|----------------|---------------|----------------|-----------------|
| 1.               |                | \$            | \$             | \$              |
| 2.               |                |               |                |                 |
| 3.               |                |               |                |                 |
| 4.               |                |               |                |                 |
| 5.               |                |               |                |                 |

If you are not completing the application on your computer, you must complete it in black or blue pen and print.

**Part 5. Information on the Co signer or Co applicant (if applicable)**

|  |                     |                        |          |     |   |                      |  |
|--|---------------------|------------------------|----------|-----|---|----------------------|--|
| Name   | Surname             | Second Surname         | Month    | Day | Year  | Social Security No.  |  |
| Home Address   |                     | City                   | Zip Code |     |   | Years There          |  |
| Postal Address   |                     | City                   | Zip Code |     |   | Driver's License No. |  |
| Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | No. of Dependents   | Cell Phone No.         |          |     | Personal Email  |                      |  |
| Current Employer Name or Business  | Position            | Supervisor's Name      |          |     | Business Phone  | Years at Work        |  |
| Gross Income<br>\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly                                    | Other Income*<br>\$ | Source of Other Income |          |     | Total Income<br>\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly |                      |  |
| Current Employer Address or Business   |                     |                        |          |     | City  | Zip Code             |  |

Do You: ☐ Own? ☐ Rent? ☐ Live with family? Monthly Payment \$\_\_\_\_\_

\* You do not need to include alimony or child support income if you do not wish to have it considered as a basis for repaying this loan.

**Part 6. Closest family member who does not live with you**

|           |         |                     |              |
|-----------|---------|---------------------|--------------|
| Full Name | Kinship | Residential Address | Phone Number |
|-----------|---------|---------------------|--------------|

**Part 7. Collateral (check the one that applies)****Brief description of the assets to be pledged as collateral**☐ Shares in Coop. ☐ Shares and Savings in Coop. ☐ 10% shares guarantee in Coop. Others: \_\_\_\_\_

The undersigned hereby certify that the preceding statements are true to the best of our knowledge, and agree that the Cooperativa de Ahorro y Crédito Rafael Carrión, Jr. will keep this application whether is approved. The Cooperativa de Ahorro y Crédito Rafael Carrión, Jr. is hereby authorized to verify the credit and employment references of the undersigned and to disclose any data obtained pertaining to the credit and financial responsibilities of the undersigned, to any credit bureau or credit information agency.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Spouse (if co-applicant) \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Guarantor, Co-signer or Co-applicant  
(if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Signature of additional Guarantor (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

**FOR COOPERATIVE USE ONLY**DECISION MADE: ☐ APPROVED ☐ DENIED

Date \_\_\_\_\_

☐ Credit Officer

Signature of Credit Officer \_\_\_\_\_

☐ Credit Committee

Signature of the Credit Committee President \_\_\_\_\_

**COMMENTS**