



PEOPLES TRANSPORT FEDERAL CREDIT UNION

DATE: _____

EMPLOYEE # _____

Loan Application

- New Car Loan
- Used Car Loan
- Unsecured Loan
- Secured Loan/_____

Loan Amount \$ _____

Loan Term _____
YearsLoan Purpose: Home Improvement
 Debt Consolidation Other: _____**Credit Requested**

-
- Individual Applicant
-
- Joint Applicant
-
- Individual Applicant Relying on Another (Co-Signer)

Debt Protection

-
- Single Life
-
- Single Disability
-
- Single Life & Disability
-
-
- Joint Life
-
- Joint Disability
-
- Joint Life & Disability

Applicant's Information

Last _____ First _____ Initial _____

Street Address _____

City, State, Zip _____

SS # _____ Date of Birth _____

Are you a U.S. Citizen? Marital Status: () Married
() Yes () No () Separated () Unmarried

Home Phone _____ Cell Phone _____

Residence () Monthly Rent Payment \$ _____

Since _____ () Monthly Mortgage Payment \$ _____

Previous Street Address (If less than 3 years) _____

City, State, Zip _____

Residence Since _____

Co-Applicant's Information

Last _____ First _____ Initial _____

Street Address _____

City, State, Zip _____

SS # _____ Date of Birth _____

Are you a U.S. Citizen? Marital Status: () Married
() Yes () No () Separated () Unmarried

Home Phone _____ Cell Phone _____

Residence () Monthly Rent Payment \$ _____

Since _____ () Monthly Mortgage Payment \$ _____

Previous Street Address (If less than 3 years) _____

City, State, Zip _____

Residence Since _____

Employment Information

Employer's Name _____

Street Address _____

City, State, Zip _____

Position _____ Work Phone _____

Employment Since _____ Gross Monthly Income _____

Previous Employer (If less than 3 years)

Employer's Name _____

Street Address _____

City, State, Zip _____

Position _____ Work Phone _____

Employment Since _____ Gross Monthly Income _____

Employment Information () Check If Self-Employed

Employer's Name _____

Street Address _____

City, State, Zip _____

Position _____ Work Phone _____

Employment Since _____ Gross Monthly Income _____

Previous Employer (If less than 3 years)

Employer's Name _____

Street Address _____

City, State, Zip _____

Position _____ Work Phone _____

Employment Since _____ Gross Monthly Income _____

Deposit Accounts

Institution: _____ Checking Balance _____ Savings Balance _____

Institution: _____ Checking Balance _____ Savings Balance _____

Nearest Relative

Last _____ First _____ Initial _____
 Street Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Relationship _____

Nearest Relative

Last _____ First _____ Initial _____
 Street Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Relationship _____

Income (Please indicate type as Pension, Social Security, etc.)

Type _____ Amount _____ Frequency _____

Type _____ Amount _____ Frequency _____

OTHER INCOME: (Give source) Note: Alimony/Child Support, or separate maintenance income need not be revealed if applicant or co-applicant does not choose to have it considered for repaying this loan.

Source _____ Amount _____ Frequency _____

Source _____ Amount _____ Frequency _____

Income (Please indicate type as Pension, Social Security, etc.)

Type _____ Amount _____ Frequency _____

Type _____ Amount _____ Frequency _____

OTHER INCOME: (Give source) Note: Allmony/Child Support, or separate maintenance income need not be revealed if applicant or co-applicant does not choose to have it considered for repaying this loan.

Source _____ Amount _____ Frequency _____

Source _____ Amount _____ Frequency _____

Other Obligations (Monthly, unless otherwise stated)

(Include bank loans, finance company loans, charge accounts, credit cards, overdraft protection, alimony, child care, etc.)

Name of Institution	Payoff w/loan Proceeds	Account #	Name in which Account is carried	Original Amount	Balance	Monthly Payment
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Secured Loan - Collateral Information

Vehicle to Secure Loan

Year/Make _____ Model _____ \$ _____ Purchase Price

Dealer Name & address _____

Other (i.e. Stocks, Savings, Certificate of Deposit, etc.)

Description _____ Value \$ _____
 Name(s) of Owner _____ Account # _____

Insurance Covering Proposed Collateral

Insurance Company _____ Policy# _____ Exp. Date _____
 Agent Name/Address/Phone _____

Everything I have stated in this application to PTFCU is correct to the best of my knowledge. I understand 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 Signature _____ Date _____ Co-Applicant's Signature _____ Date _____