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## Fax-Back Loan Application

To apply for a loan with your credit union, please print this form, fill it out, then Fax, Mail, or drop-off the form to us. In order to reduce processing delays, please be as complete as possible.

If you are not a member yet, please be sure you [qualify](#) for membership before applying for a loan with us.

| Loan Information   |  |              |
|--|--|--------------|
| Describe the purpose of the loan (i.e. New car, Credit Card, Home Equity, etc.). If applying for a vehicle loan, please describe the vehicle (year, make, model, downpayment amount, etc.) in the loan comments box provided.        |  |              |
| Loan Type (Purpose):   |  |              |
| Loan Amount:   | \$   |              |
| Loan Term (Length):  |  | (Months)     |
| Visa Gold Applicants:  | If you do not qualify for a Visa Gold credit card, would you like to be considered for a Visa Classic credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              |
| Individual or Joint Application:   | Check "Individual" if this is an Individual Application. Check "Joint" if this is a Joint Application.<br><input type="checkbox"/> Individual <input type="checkbox"/> Joint |              |
| Loan Comments:   |  |              |
| General Information  | Applicant  | Co-Applicant |
| Complete previous address information if you have lived in your present home for less than two (2) years. A Co-Applicant (CoAp) is not required, but you must complete the co-applicant portion if this will be a joint application. |  |              |
| Full Name:   |  |              |
| Marital Status:  |  |              |
| LCU Account No.:   |  |              |
| Social Security No.:   |  |              |
| Birthdate:   |  |              |
| Drivers License No.:   |  |              |
| E-mail Address:  |  |              |
| Home Address:  |  |              |
| City, State, Zip:  |  |              |
| Home Phone No.:  |  |              |
| Lived at this address:   |  |              |
| Previous Address:  |  |              |
| City, State, Zip:  |  |              |
| Lived at prev address:   |  |              |

| <b>Employment Information</b>   | <b>Applicant</b> | <b>Co-Applicant</b> |
|---|------------------|---------------------|
| Complete previous employer information if you have been at your present job for less than five (5) years.   |                  |                     |
| Employer Name:  |                  |                     |
| Employer Address:   |                  |                     |
| City, State, Zip:   |                  |                     |
| Title / Position:   |                  |                     |
| Employer Phone No.:   |                  |                     |
| State Date:   |                  |                     |
| Previous Employer:  |                  |                     |
| Prev Empl Address:  |                  |                     |
| City, State, Zip:   |                  |                     |
| Prev Empl Start Date:   |                  |                     |
| Prev Empl Stop Date:  |                  |                     |
| <b>References</b>   | <b>Applicant</b> | <b>Co-Applicant</b> |
| Relative Name:  |                  |                     |
| Relationship:   |                  |                     |
| Relative's Address:   |                  |                     |
| City, State, Zip:   |                  |                     |
| Relative's Phone No.:   |                  |                     |
| Friend Name:  |                  |                     |
| Friend's Address:   |                  |                     |
| City, State, Zip:   |                  |                     |
| Friend's Phone No.:   |                  |                     |
| <b>Income</b>   | <b>Applicant</b> | <b>Co-Applicant</b> |
| Please indicate whether the income you are stating is per "month" or per "year". Also indicate whether you are stating a "gross" or "net" figure. |                  |                     |
| Employment Income:  | \$               | \$                  |
| Other Income:   | \$               | \$                  |
| Other Income Source:  |                  |                     |

| <b>Assets</b>  |                              |                    |              |   |
|--|------------------------------|--------------------|--------------|---|
| List all liquid assets here and non-liquid assets below. If you have more assets than this form allows, enter your greatest assets within the spaces provided. |                              |                    |              |   |
| Account Type   | Name / Address of Depository |                    | Balance      |   |
| <b>(1) Savings</b>   |                              |                    | \$           |   |
| ___ Appl ___ CoAp  |                              |                    |              |   |
| <b>(2) Checking</b>  |                              |                    | \$           |   |
| ___ Appl ___ CoAp  |                              |                    |              |   |
| List other assets and account numbers (if applicable).<br>Examples: home, vehicle, boat, stocks, bonds, real estate, etc.                                      |                              |                    |              |   |
| Owner  | Asset                        | Details / Location | Market Value | Pledged as collateral for another loan? |
| Appl   CoAp  |                              |                    |              |   |

|  |  |      |  |    |   |
|--|--|------|--|----|---|
|  |  | HOME |  | \$ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  |      |  | \$ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  |      |  | \$ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Debts

In addition to Rent/Mortgage, list all other debts. For example: vehicle loan(s), credit card(s), second mortgage, home association dues, alimony, child support, child care, medical, utilities, vehicle insurance, IRS liabilities, etc.) If you have more debts than this form allows for, enter the debts with the largest monthly payment.

|                   |               |             |  |
|-------------------|---------------|-------------|--|
| <b>Debt (1):</b>  | RENT/MORTGAGE | Debt Owner: | <input type="checkbox"/> Appl<br><input type="checkbox"/> CoAp |
| Creditor Name:    |               | Orig. Amt:  | \$   |
| Creditor Address: |               | Balance:    | \$   |
| Account No:       |               | Mthly Pymt: | \$   |
| <b>Debt (2):</b>  |               | Debt Owner: | <input type="checkbox"/> Appl<br><input type="checkbox"/> CoAp |
| Creditor Name:    |               | Orig. Amt:  | \$   |
| Creditor Address: |               | Balance:    | \$   |
| Account No:       |               | Mthly Pymt: | \$   |
| <b>Debt (3):</b>  |               | Debt Owner: | <input type="checkbox"/> Appl<br><input type="checkbox"/> CoAp |
| Creditor Name:    |               | Orig. Amt:  | \$   |
| Creditor Address: |               | Balance:    | \$   |
| Account No:       |               | Mthly Pymt: | \$   |
| <b>Debt (4):</b>  |               | Debt Owner: | <input type="checkbox"/> Appl<br><input type="checkbox"/> CoAp |
| Creditor Name:    |               | Orig. Amt:  | \$   |
| Creditor Address: |               | Balance:    | \$   |
| Account No:       |               | Mthly Pymt: | \$   |
| <b>Debt (5):</b>  |               | Debt Owner: | <input type="checkbox"/> Appl<br><input type="checkbox"/> CoAp |
| Creditor Name:    |               | Orig. Amt:  | \$   |
| Creditor Address: |               | Balance:    | \$   |
| Account No:       |               | Mthly Pymt: | \$   |

### Financial Information

|  |      |    |      |    |
|--|------|----|------|----|
| If a 'Yes' answer is given to any question, explain within the box provided below. | Appl |    | CoAp |    |
|  | Yes  | No | Yes  | No |
| 1. Do you have any outstanding judgments?  |      |    |      |    |
| 2. Have you ever filed bankruptcy or chapter 13 debt consolidation?                |      |    |      |    |
| 3. Have you ever had property foreclosed upon or repossessed in the last 7 years?  |      |    |      |    |
| 4. Are you a party in a lawsuit?   |      |    |      |    |
| 5. Are you other than a U.S. citizen or resident alien?                            |      |    |      |    |
| 6. Is your income likely to decline within the next two (2) years?                 |      |    |      |    |
| 7. Are you a co-maker, co-signer, or guarantor on any loan not listed above?       |      |    |      |    |

Comments:

If you need to clarify or comment on any information provided in this form, you may do so within the following box provided. This information will be submitted with your Loan Application request to a loan officer for review.

By submitting this form, you promise that the information shown on this application is correct to the best of your knowledge and that the above information is a complete listing of your debts and obligations. You authorize Leyden Credit Union to obtain a credit report in connection with this application for credit and for any update, renewal, or extension of the credit received. If you request, Leyden Credit Union will tell you the name and address of any credit bureau from which we received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Credit Unions insured by the NCUA.

Applicant Signature

Date

Co-Applicant Signature

Date

2701 N. 25th Ave. - Franklin Park, IL 60131  
847-455-8440 - fax 847-455-1245

***Email Us***

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