



4020 E. Fifth Ave. Columbus, OH 43219
 Phone: (614) 237-3200 Fax: (614) 237-3210

LOAN APPLICATION

FOR OFFICE USE ONLY:

Name _____	Acct # _____
Loan # _____	Joined _____
SDP: \$ _____	Clubs _____
Avail Balance \$ _____	Date _____
Loan Proceeds \$ _____	Repeat Cust -1/4 ✓
Refinanced Amount \$ _____	A+CR/<30% -1/4
Total New Loan \$ _____	Risk +1
Interest Rate: _____ %	

Section 1 - Loan Information: Tell us about your loan request.

Type of Application:

- Individual - Applicant is solely responsible _____ (Initial)
- Joint/Co-Signer - both applicants are equally responsible _____ (Initial) _____ (Initial)

Purpose of Loan: _____ (Ex: home improvements or purchase vehicle. **Not PERSONAL**)

Requested Amount: \$ _____ Desired Term: _____ mos/yrs **OR** Desired Payment: \$ _____

Requested Loan Type & Collateral:

- | | |
|---|--|
| <input type="checkbox"/> Signature/Unsecured | <input type="checkbox"/> Furniture: <i>description</i> _____ |
| <input type="checkbox"/> Auto: <i>make</i> _____ <i>model</i> _____ <i>year</i> _____ | <input type="checkbox"/> Computer: <i>description</i> _____ |
| <input type="checkbox"/> Share Secured | <input type="checkbox"/> Other: <i>description</i> _____ |

Section 2 - Applicant Information: Tell us about yourself.

Applicant Information:

Name _____

SSN _____ Acct # _____

Birth Date _____ Dependents' Ages _____

Street Address _____

City _____ ST _____ Zip _____

Years There _____ Own Rent Other

Home Phone _____ Work Phone _____

Previous Address _____

City _____ ST _____ Zip _____

Current Employer _____

Employer Address _____

Position _____ Years There _____

Salary \$ _____ per _____ Gross Net

Previous Employer _____

Position _____ Years There _____

Other Income \$ _____ per _____ Source _____

Note: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a source of income for the purpose of this loan application.

Nearest relative not living with you:

Name _____

Phone _____ Relationship _____

Address _____

City _____ ST _____ Zip _____

Co-Applicant Information:

Name _____

SSN _____ Acct # _____

Birth Date _____ Dependents' Ages _____

Street Address _____

City _____ ST _____ Zip _____

Years There _____ Own Rent Other

Home Phone _____ Work Phone _____

Previous Address _____

City _____ ST _____ Zip _____

Current Employer _____

Employer Address _____

Position _____ Years There _____

Salary \$ _____ per _____ Gross Net

Previous Employer _____

Position _____ Years There _____

Other Income \$ _____ per _____ Source _____

Note: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a source of income for the purpose of this loan application.

Nearest relative not living with you:

Name _____

Phone _____ Relationship _____

Address _____

City _____ ST _____ Zip _____

Section 3 – Assets Owned and Debts Owed: List deposit accounts, credit cards, rent/mortgage, etc. Use a separate sheet if necessary.

* Place an "X" next to the balances you wish to pay off with this loan.

Account Type	Bank/Creditor Name	Date Opened	Current Balance*	Payment	Past Due?
Checking			\$	N/A	N/A
Savings			\$	N/A	N/A
Rent/Mortgage			\$	\$	
Car Loan			\$	\$	
Credit Card			\$	\$	
Credit Card			\$	\$	
Other Loan			\$	\$	
Other Loan			\$	\$	

- Have you declared bankruptcy in the last 10 years? Yes No
- Do you wish to accept GAP insurance on this loan? Yes No
- Do you wish to accept Credit Life insurance on this loan? Yes No
- Do you wish to accept disability insurance on this loan? Yes No
- If the loan officer is unable to approve your loan, would you like the Credit Committee to review your application? Yes No

By signing below, I acknowledge that the information I've provided on this application is correct to the best of my knowledge. I hereby authorize ODJFS Federal Credit Union to verify both my credit and my employment history, and I authorize the creditors listed in Section 3 to release information regarding my accounts to ODJFS Federal Credit Union. I further authorize ODJFS Federal Credit Union to provide information to credit reporting agencies and other creditors regarding my credit experience with ODJFS Federal Credit Union.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Loan Officer/Credit Committee Action

Loan Officer:

_____ I approve this loan as submitted.

_____ I am referring this loan to the Credit Committee for the following reason(s) _____

Loan Officer's Signature _____ Date _____

Credit Committee:

_____ We approve this loan as submitted.

_____ We recommend the following counter-offer, and if accepted by the applicant, the loan is approved: _____

_____ We reject this loan as submitted for the following reasons: _____

Outside Information Considered: Yes No Describe _____

C.C. Member's Signature _____ Date _____

C.C. Member's Signature _____ Date _____

C.C. Member's Signature _____ Date _____