



CONSUMER LOAN APPLICATION

(\$25 Loan Processing Fee - Refunded Upon Approval.)

9560 Pines Blvd. • Pembroke Pines, FL 33024
 Miami-Dade: (305) 893-4880 • Broward: (954) 704-4100 • Toll free outside Miami-Dade & Broward County: 1 (800) 243-1077
 Miami-Dade Fax: (305) 893-0515 • Broward Fax: (954) 704-8681

PLEASE COMPLETE APPLICATION AND MAIL, FAX OR BRING TO OUR OFFICES ALONG WITH A COPY OF YOUR MOST RECENT PAYSTUB.

Amount Requested	<input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit Member Account No. _____
\$ _____	Purpose of Loan: _____ Debit From: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Coupon Book

APPLICANT <i>(SUBMIT MOST RECENT PAYCHECK STUB)</i>				CO-APPLICANT <i>(SUBMIT MOST RECENT PAYCHECK STUB)</i>			
FIRST NAME	MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT	FIRST NAME	MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT
PRESENT ADDRESS				PRESENT ADDRESS			
CITY			LENGTH OF RESIDENCE	CITY			LENGTH OF RESIDENCE
PREVIOUS ADDRESS (IF CURRENT IS LESS THAN 3 YEARS)			STATE ZIP	PREVIOUS ADDRESS (IF CURRENT IS LESS THAN 3 YEARS)			STATE ZIP
SOCIAL SECURITY NO.			DATE OF BIRTH	SOCIAL SECURITY NO.			DATE OF BIRTH
HOME PHONE NO.		WORK PHONE NO.		HOME PHONE NO.		WORK PHONE NO.	
()		()		()		()	
EMPLOYER (NAME & ADDRESS)			EMPL. DATES:	EMPLOYER (NAME & ADDRESS)			EMPL. DATES:
			FROM _____ TO _____				FROM _____ TO _____
GROSS INCOME	PAY FREQUENCY	POSITION		GROSS INCOME	PAY FREQUENCY	POSITION	
\$ _____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY			\$ _____	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY		
*OTHER SOURCE OF INCOME				*OTHER SOURCE OF INCOME			
\$ _____				\$ _____			
PREVIOUS EMPLOYMENT (IF CURRENT IS LESS THAN 3 YEARS)			EMPL. DATES:	PREVIOUS EMPLOYMENT (IF CURRENT IS LESS THAN 3 YEARS)			EMPL. DATES:
			FROM _____ TO _____				FROM _____ TO _____
AUTOMOBILE		BALANCE OWED		AUTOMOBILE		BALANCE OWED	
YEAR	MAKE	MODEL	\$	YEAR	MAKE	MODEL	\$

*Income from alimony, child support or separate maintenance payment need not be revealed if you do not choose to disclose it as income.

CREDIT INFORMATION, OUTSTANDING DEBTS

HOMEOWNERS (PLEASE COMPLETE)				HOMEOWNERS (PLEASE COMPLETE)			
PURCHASE PRICE	BALANCE OWED	MARKET VALUE		PURCHASE PRICE	BALANCE OWED	MARKET VALUE	
\$ _____	\$ _____	\$ _____		\$ _____	\$ _____	\$ _____	
NAME	MONTHLY PAYMENT	BALANCE OWED		NAME	MONTHLY PAYMENT	BALANCE OWED	
MTG./RENT	\$ _____	\$ _____		MTG./RENT	\$ _____	\$ _____	
AUTO PAYMT.	\$ _____	\$ _____		AUTO PAYMT.	\$ _____	\$ _____	
OTHER	\$ _____	\$ _____		OTHER	\$ _____	\$ _____	

The above statements are submitted for the purpose of obtaining credit and are certified to be true and correct. I/We authorize the Credit Union to check my/our credit history and employment background. I/We understand that the Credit Union will retain this application whether or not it is approved. Each person signing this application agrees to be jointly and separately responsible for payment of this account.

The above statements are submitted for the purpose of obtaining credit and are certified to be true and correct. I/We authorize the Credit Union to check my/our credit history and employment background. I/We understand that the Credit Union will retain this application whether or not it is approved. Each person signing this application agrees to be jointly and separately responsible for payment of this account.

X _____
APPLICANT SIGNATURE **DATE**

X _____
CO-APPLICANT SIGNATURE **DATE**

PLEASE ATTACH MOST RECENT PAYCHECK STUB