

LOAN APPLICATION

ACCOUNT NUMBER: _____ □ Vehicle Loan ___ New __ Used I WISH TO APPLY FOR (PLEASE CHECK ONE): □ Overdraft Protection Line of Credit □ Home Equity/Home □ Line of Credit ☐ Other (Please Explain): _____ Improvement ☐ Signature/Personal Loan COLLATERAL OFFERED: YEAR_____ MAKE___ _____ MODEL___ _____ VIN COLLATERAL OFFERED: YEAR MAKE __ MODEL__ __ VIN AMOUNT REQUESTED DESIRED PAYMENT PURPOSE OF LOAN (**MUST** COMPLETE) REOUESTED DUE DATE: 1 5 10 15 20 25 30 (PLEASE CIRCLE ONE) OTHER: PAYMENT PROTECTION PLAN: METHOD OF PAYMENT: IS THIS AN APPLICATION FOR JOINT CREDIT? □ YES □ NO □ SINGLE DISABILITY □ JOINT DISABILITY □ PAYROLL DEDUCTION □ SINGLE LIFE □ JOINT LIFE □ CASH/CHECK □ INVOLUNTARY UNEMPLOYMENT □ ACH/AUTO DEBIT CO-APPLICANT: APPLICANT: US CITIZEN OR RESIDENT ALIEN? ☐ YES ☐ NO US CITIZEN OR RESIDENT ALIEN? ☐ YES ☐ NO SSN:_____DATE OF BIRTH:____ SSN:_____DATE OF BIRTH:____ STREET ADDRESS: STREET ADDRESS: CITY,STATE,ZIP:_____ CITY,STATE,ZIP:_____ TIME AT CURRENT ADDRESS TIME AT CURRENT ADDRESS HOME PHONE:_____ CELL PHONE:____ HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS:_____ EMAIL ADDRESS: PREVIOUS ADDRESS: PREVIOUS ADDRESS: (IF LESS THAN 3 YEARS AT PRESENT ADDRESS) (IF LESS THAN 3 YEARS AT PRESENT ADDRESS) DO YOU OWN OR RENT? ☐ OWN ☐ RENT DO YOU OWN OR RENT? ☐ OWN ☐ RENT MONTHLY RENT/MORTGAGE PAYMENT: MONTHLY RENT/MORTGAGE PAYMENT: **HOMEOWNERS PLEASE** COMPLETE: HOMEOWNERS PLEASE COMPLETE: PURCHASE PRICE BALANCE OWED ESTIMATED VALUE PURCHASE PRICE BALANCE OWED ESTIMATED VALUE CURRENT EMPLOYER CURRENT EMPLOYER FULL TIME _____ PART TIME____ HOURS /WEEK_____ FULL TIME _____ PART TIME____ HOURS /WEEK_____ START DATE: PAY FREQUENCY: START DATE: _____ PAY FREQUENCY:_____ WORK PHONE: WORK PHONE: JOB TITLE:_____ JOB TITLE: INCOME: ____ | MONTH | YEAR | HOUR INCOME: PER: | MONTH | YEAR | HOUR Do you have Disability or Life Insurance Benefits at work? Do you have Disability or Life Insurance Benefits at work? _____ OTHER INCOME(SOURCE): OTHER INCOME(SOURCE): INCOME: PER: | MONTH | YEAR | HOUR INCOME: PER: DONTH DYEAR DOUR *NOTE: Alimony, child support, or separation maintenance income need *NOTE: Alimony, child Support, or separation maintenance income need not not be revealed if you do not choose to have it considered. be revealed if you do not choose to have it considered. PREVIOUS EMPLOYMENT: PREVIOUS EMPLOYMENT: (IF LESS THAN 3 YEARS AT CURRENT EMPLOYER) (IF LESS THAN 3 YEARS AT CURRENT EMPLOYER)

CREDIT UNION/BANK NAME: TYPE OF ACCOUNT					CREDIT UNION/BANK NAME: TYPE OF ACCOUNT				
NEAREST RELATIVE NOT LIVING WITH YOU (NAME ADDRESS & PHONE #)					NEAREST RELATIVE NOT LIVING WITH YOU (NAME ADDRESS & PHONE #)				
		CRED	IT INFO	RMATION, (DUTSTANDING I	DEBTS			
Creditor	Payment		Past Due		CH ADDITIONAL Creditor	SHEET(S Payment		Past Due	Owed (App/ App
you obligated to nts? If yes, please lis you currently have as, had property foreclares- I certify that ever or not it is approve k you about my cred is. For a secured loar claration page of my tion of my bank acces, loan payoffs and this document as au	make Alimot amount per any outstanding osed upon or erything I haved. By signing it record with a laso under policy listing Jounts, other as to order a creathorization to	ony, Child month. Ig judgment repossessed in the below I auth you. I understand that I ourney Crecissets, financial treport as release such	Support, s, have you, or been this application application and that am respondit Union as ial information information and the sext message.	or Maintena or filed for Ban party in a laws ation and on m to check my control or to see the solution, liens, judiecessary. I fur on.	kruptcy in the last uit? y attachments is corredit, employment he credit information at my insurance corn addition, I authorizements, employmer	rect. You mistory and to at your requipany sendice Journey Outs earnings inancial institute.	o answer quest if my fi s the Credit Credit Unior records, cu itution and/ mber(s) pro	uestions oth nancial con Union a co to request rrent loan or employe	n ners dition py of

JOURNEY CREDIT UNION

Co-Applicant's signature

Date

Date

Applicant's signature

P.O. BOX 1496 **DES MOINES, IA 50305-1496** MAIN PH-515-243-3530 FAX-515-243-4423 BRANCH PH-515-282-3606 FAX-515-282-1226