

Co-Borrower/Guarantor Statement

Credit Union

Credit Union Use Only

Applicant's Name

Applicant's Account No.

Purpose of Loan

Amount of Credit Requested

Application Date

You are furnishing the following information to induce the Credit Union to grant credit to the Applicant identified above.

Check the box that applies to you:

Co-Borrower (Someone who will be responsible for repayment of the loan and have use of the loan proceeds. Note: A Co-Borrower must be a member of the Credit Union before borrowing privileges can be extended to that person.)

Guarantor (Someone who will be responsible for repayment of the loan but will not have use of the loan proceeds.)

Information About You

Please type or print in dark ink

Full Name and Relationship to Applicant	Birth Date	Social Security No.	Driver's License No.
Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other		Years at this Address
City	State	Zip Code	Telephone No. ()
Number of Dependents (excluding self)	Ages of Dependents		E-mail Address (optional)

If you have lived at the above address less than two years, where did you live before?

Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other		Years at this Address
City	State	Zip Code	

Marital Status [Complete only if you are giving a security interest in your property]

Married Separated Other (including single, divorced, or widowed)

Information About Your Employer

Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ()
Position/Title	Department	Name of Supervisor	Payroll No.

If you have worked for your present employer less than two years, where did you work before?

Previous Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ()
Position/Title	Department	Name of Supervisor	

Information About Your Income

Wages / Salary

Payroll Frequency

\$ _____ Per _____ Gross **If take-home pay is disclosed, include all payroll deductions.* Hours Worked Per Week _____ Monthly Bi-Weekly
 Take Home* Semi-Monthly Weekly

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income: \$ _____ Per _____ Source _____
 \$ _____ Per _____ Source _____

If alimony, child support, or separate maintenance income is disclosed as "Other Income", are payments being received under court order written agreement, or oral understanding

Is any income listed in this entire section likely to be reduced in the next two years? Yes No If "Yes", explain: _____

References

Nearest Relative Not Living with You Name and Relationship	Street Address	City	State	Zip Code	Telephone No. ()
Personal Friend (not a relative) Name	Street Address	City	State	Zip Code	Telephone No. ()

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