

PERSONAL LOAN APPLICATION

JACO FEDERAL CREDIT UNION
P O BOX 550, RUSTON LA 71273-0550

DATE RECEIVED _____ S.S. NO _____ LOAN NO _____

APPLICANT _____ BIRTHDATE ____ / ____ / ____

AMOUNT \$ _____ TERM _____ COLLATERAL _____

PURPOSE _____

ADDRESS _____ HOW LONG _____ YRS.

PHONE _____ CELL PHONE _____ EMAIL _____

RELATIVE _____ ADDRESS _____ PHONE _____
NOT LIVING WITH YOU CELL PHONE _____

RELATIVE _____ ADDRESS _____ PHONE _____
NOT LIVING WITH YOU CELL PHONE _____

SALARY \$ _____ WEEKLY ___ BY WEEKLY ___ MONTHLY ___ EMPLOYER _____

OTHER INCOME \$ _____ SOURCE _____ ADDRESS _____

LIFE INSURANCE \$ _____ COMPANY _____ YOUR POSITION _____ EMPLOYED _____ YRS

PREVIOUS EMPLOYER _____ YEARS THERE _____

YOUR BANK, CHECKING _____ SAVINGS _____

REAL ESTATE: _____ RENT _____ OWN: MONTHLY PAYMENT \$ _____ : TO WHOM PAID _____

AUTO _____ YEAR _____ LIEN HOLDER _____ MONTHLY PMT _____ BALANCE _____

REFERENCES (3) _____

LIST ALL LOANS AND DEBTS OUTSTANDING AT PRESENT TIME (INCLUDING LIABILITY AS CO-SIGNER)

TO WHOM	SECURITY	ORIGINAL AMOUNT	MONTHLY PAYMENTS	BALANCE

PLEASE HAVE SPOUSE AND/OR CO-SIGNER FILL OUT ON NEXT PAGE

ALL APPLICANTS MUST SIGN AT BOTTOM OF NEXT PAGE

SPOUSE AND/OR CO-SIGNER

NAME _____ S.S. NO _____ AGE _____

PHONE _____ ADDRESS _____ HOW LONG _____ YRS

CELL PHONE _____ E MAIL _____

SALARY _____ WEEKLY _____ BY WEEKLY _____ MONTHLY _____ OTHER INCOME _____ SOURCE _____

EMPLOYEER _____ ADDRESS _____

EMPLOYED _____ YRS. YOUR POSITION _____ PHONE NO _____

PREVIOUS EMPLOYER _____ ADDRESS _____ HOW LONG _____ YRS

YOUR BANK, CHECKING _____ SAVINGS _____

REAL ESTATE: _____ RENT _____ OWN _____ MONTHLY PAYMENT _____ LIEN HOLDER _____

AUTO _____ YEAR _____ LIEN HOLDER _____ MONTHLY PAYMENT _____

LIST ALL LOANS AND DEBTS OUTSTANDING AT PRESENT TIME (INCLUDING LIABILITY AS CO-SIGNER)

TO WHOM	ADDRESS	SECURITY	ORIGINAL AMOUNT	MONTHLY PAYMENTS	BALANCE

NOT REQUIRED TO OBTAIN CREDIT, BUT IF THE CUSTOMER DESIRES HE/SHE CAN OBTAIN THIS COVERAGE AT AN EXTRA CHARGE.

_____ I do want Credit Accident & Health Insurance _____ I do not want Credit Accident & Health Insurance

I hereby certify that all statements made by me on this application are true and complete and I authorize you to make any credit inquiries you feel necessary in processing this application or in collection of any credit extended. Any credit investigation and information furnished by you by any person or consumer reporting agency is hereby authorized, and whether credit is extended or not, is to remain your property.

ALL LOAN APPLICANTS MUST INITIAL AND SIGN

I/We will provide full insurance coverage on any collateral used as security of this loan. _____ Initial

Are you serving in the military? _____ Active _____ Non Active _____

Signature of Applicant

Date

Signature of Spouse or CO-Maker