



Loan Application

Please print this form, fill it out and fax to **(617) 325-1993**

General Information:	
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual	
If applying for joint credit, please sign below to verify that you intend to apply for joint credit	
Applicant:	Co-Applicant:
Marital Status: Complete marital status if this loan is for: a. Joint or secured credit, or b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> This loan is not for joint or secured credit and I do not live in the states listed above.	
Type of Loan Requested:	
Loan Amount Requested:	Loan Term Requested:
Primary Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:

Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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 <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Co-Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
References	
<i>Nearest Relative Not Living With You</i>	
Last Name:	First Name:

Relationship:		Phone Number:	
Address 1:			
Address 2:			
City:		State, Zip:	
Debts/Monthly Payments:			
List all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan.			
Debt	Monthly Payment	Debt	Monthly Payment
Additional Information			
How would you prefer to be contacted?			
<input type="checkbox"/> Home Phone			
<input type="checkbox"/> Work Phone			
<input type="checkbox"/> Other Phone			
<input type="checkbox"/> Email Address			
<input type="checkbox"/> Other:			
Special Instructions/Comments:			
Signatures			
Income verification is required; other information may be required.			
I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs. (Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)			
Primary Signature:		Date:	
Joint Owner Signature:		Date:	