



# ASSOCIATED HEALTHCARE CREDIT UNION

## LOAN APPLICATION

If you have questions about this application or the loan services offered, please call (651) 383-4000.

- I am applying in my name only and relying on my own income and assets.
  - I am applying with a co-applicant, whose income and assets are to be considered for the loan.
- If applying for VISA or Home Equity Loan, please call for an application.

LOAN AMOUNT	DESIRED MONTHLY PAYMENT	REPAYMENT	PURPOSE
\$	\$	<input type="checkbox"/> Automatically from my account <input type="checkbox"/> Cash / Payment Book	

<b>APPLICANT</b> (Please type or print)			<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> GUARANTOR/ CO-SIGNER
LAST NAME	FIRST	MIDDLE	Use "SAA" if information is "Same As Applicant"		
			LAST NAME	FIRST	MIDDLE

ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS	STREET	# OF YEARS	PRESENT ADDRESS	STREET	# OF YEARS
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CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
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DATE OF BIRTH	HOME PHONE	WORK PHONE	DATE OF BIRTH	HOME PHONE	WORK PHONE
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NAME OF EMPLOYER	LENGTH OF EMPLOYMENT	NAME OF EMPLOYER	LENGTH OF EMPLOYMENT
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POSITION/TITLE	GROSS INCOME	POSITION/TITLE	GROSS INCOME
	\$ /MONTH		\$ /MONTH

**PLEASE ATTACH A COPY OF A RECENT PAYSTUB**

OTHER INCOME (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.) \$ _____/MO. SOURCE: _____	OTHER INCOME (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.) \$ _____/MO. SOURCE: _____
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NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:
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ADDRESS	ADDRESS
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DEBT	BALANCE	MONTHLY PAYMENT	DEBT	BALANCE	MONTHLY PAYMENT
RENT/MORTGAGE			RENT/MORTGAGE		
AUTO			AUTO		
OTHER			OTHER		

IF ADDITIONAL DEBTS, LIST ON SEPARATE PAPER.

HAVE YOU EVER FILED BANKRUPTCY	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ASSETS	LIST ITEMS YOU OWN ie: HOME, SAVINGS, AUTO, BOAT, STOCKS, BONDS, REAL ESTATE, ETC.	VALUE

CREDIT INSURANCE STATEMENT OF INTENT Check if coverage is desired:  CREDIT DISABILITY  SINGLE CREDIT LIFE  JOINT CREDIT LIFE  
 The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions of the credit insurance must be signed in order for the coverage to become effective.

By signing below you certify that all information is complete and correct. All signers agree to be jointly and severally liable to repay this loan as required by the credit union. The credit union may verify this information from whichever sources it deems necessary (including credit reports). This application is, and shall remain, the property of the credit union.

<b>X</b> _____	<b>X</b> _____	
APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE
		DATE