

OFFICE USE ONLY

Account No. _____
Share 1 \$ _____
CClub \$ _____
VClub \$ _____
Loan 1 Bal \$ _____
Loan 2 Bal \$ _____

APPLICATION FOR CREDIT UNION LOAN
Good Samaritan Federal Credit Union
PO Box 5038, Sioux Falls, SD 57117-5038
Phone: (800) 488-4584
Fax: (605) 362-3390

NAME (PRINT) _____

ADDRESS

Street _____ City _____ State _____ ZIP _____ Soc. Sec. No. _____ Phone _____

I hereby apply for a loan of \$ _____ for purpose of _____ for period of _____ months.

Collateral Offered Savings Vehicle Description of Vehicle: _____ Other _____
 None/Signature Loan _____

Are you a co-maker on any other loans? Yes No For whom? _____

Are you liable for alimony, child support or maintenance payments? Yes No Amount per month \$ _____

Have you ever filed for bankruptcy? Yes No Year filed? _____

Are there any judgments, garnishments or legal proceedings against you?

Yes No Explain fully _____

Date of Birth _____ No. of Dependent Children _____

Employer _____

Phone _____

Address _____

Position _____

Date Employed _____

Income \$ _____ Biweekly Monthly

Other personal income: Do not include child support or alimony.
Examples: Social Security, second job, pension, retirement income.

\$ _____ per _____ source _____

You need not disclose the following sources of income; but if you want the credit union to consider this income regarding this loan application, please complete the following (\$ monthly):

Alimony \$ _____ Child Support \$ _____

Person Responsible _____ Payments up to date? _____

Marital Status: Complete only if this loan is for:

- Joint or secured credit, or
 - You reside or rely on property located in a Community property state (AZ, CA, ID, NM, TX, WA).
- Unmarried Married Separated

Previous Address _____

Previous Employment _____ How Long? _____

Auto owned: Make/model _____ /Yr _____ Miles _____

2nd Auto: Make/model _____ /Yr _____ Miles _____

I wish to add credit disability insurance to this loan Yes No

I wish to add credit life insurance to this loan Yes No

DEBTS WHOM OWED BALANCE MONTHLY PAYMENT

DEBTS	WHOM OWED	BALANCE	MONTHLY PAYMENT
Rent	_____	_____	_____
Mortgage	_____	_____	_____
Auto	_____	_____	_____
2 nd Auto	_____	_____	_____
Credit Card	_____	_____	_____
Credit Card	_____	_____	_____
Medical	_____	_____	_____
Other	_____	_____	_____

Relative (not spouse) _____ Relationship _____
 Address _____ Phone _____
 Personal reference _____ Relationship _____
 Address _____ Phone _____

CO-MAKER'S STATEMENT

Co-maker Name _____
 Address _____
 City, State, ZIP _____
 Social Sec. # _____ Date of Birth _____
 Home Phone _____ Work Phone _____
 Employer _____ Position _____
 Monthly Income _____ Length _____

You promise that everything you have stated in this application is correct to the best of your knowledge. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for update, increase, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will give you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information on this application.

Signature: _____

Date: _____

Co-Maker Signature: _____

Date: _____