## DAVISON EMPLOYEES' FEDERAL CREDIT UNION

P. O. BOX 5459 • LAKE CHARLES, LA 70606 (337) 583-3575 OR (337) 583-3543

ACCOUNT NO.	
NOTE NO.	
SOC. SEC. NO.	

APPLICATION FOR	LOAN						
FULL NAME							
I/WE HEREBY APPLY	FOR A LOAN AS FOLLOW	S: (**TO BE COMPLET	TED BY AF	PPLICANT)			
AMOUNT OF MONE	REQUESTED			\$			
OLD LOAN BALANCE (IF ANY)\$							
ACCRUED FINANCE CHARGE (INTEREST DUE)\$  DISABILITY INSURANCE							
TO BE REPAID IN**	PAY	MENTS OF		\$			
INCLUDING/DLUS IN	TEREST STARTING ON						
PURPOSE OF LOAN*							
TOTAL OOL OF LOTAL							
		A	DDRE55				
DATE	SIGNATURE OF APPLICA	NT			/		
MARITAL STATUS:	UNMARRIED	MARRIED		SEPARATED			
FULL NAME		BIRTH DATE		NAME OF SF	OUSE		
	STREET ADD	RESS			YEARS TH	ERE	
CITY				STATE	ZIP CODE		
HOME PHONE	BUSINESS P	HONE		PRESENT EMPLO	DYER		
DATE OF HIRE	POSITION OR TITLE						
	SS						
CITY				STATE	ZIP CODE		
DEPENDENTS (EXCLL	JDE SELF)				AGES		
SPOUSE EMPLOYED	BY			POSITION OR TI	TLE	E	
NAME OF NEAREST B	ELATIVE NOT LIVING WITH	YOU			RELATIONSHIP		
ADDRESS							
	parate maintenance or spouse's ir	same need not be revealed	if you do not	wish to have it consi	dered as a basis for repay	ing this loan.	
Alimony, child support; se	parate maintenance or spouse s ir	come need not be revealed	ii you do not	WISH to have it conor	0010010010101010101010101010101010101010		
SALARY ( GROSS	NET) \$			PER			
SALARY ( GROSS NET) \$* *OTHER INCOME			SOURCE				
	D LIKELY TO BE REDUCED						
IF YES, EXPLAIN							
	ECKING ACCOUNT NO.			WHERE			
SHARE OR SAVINGS			WHERE				
Of With Off Or Williams		(CO TO BACK OF AF		.n			
		(GO TO BACK OF AF	FLICATIO	N)			
		COMAKER'S STA	TEMENT				
I HEREBY AGREE TO	SIGN AS COMAKER, THE PF	ROMISSORY NOTE OF	0.0011 4140	WILL OF THE N	OTE TO DE	IN	
SIGNING THIS STATEMENT, I HEREBY ACKNOWLEDGE THE TOTAL PRINCIPAL AMOUNT OF THIS TO BE REPAID IN MONTHLY INSTALLMENTS OF \$					DIE 10 BE:	1	
\$	MAY BE CALLED UPON TO	PAY ALL OR ANY PART	OF THE BA	ALANCE DUE AT	ANY TIME THE PRIN	CIPAL FAILS	
TO PAY.	WIAT BE CALLED OF ON TO						
D.ATE	COMMITTIES CICNATURE						
DATE	COMAKER'S SIGNATURE		D1427011				
		ADDITIONAL INFO					
ADDRESS	HOME PHONE		RELATION TO APPLICANT  ARE YOU COMAKER ON ANOTHER NOTE OR NOTES? IF SO				
OWAL DEGISERIOF				KER ON ANOTHER NO RS OF EACH:	DIE OR NOTES / IF SU		
OWN RESIDENCE RENT RESIDENCE	MARKET VALU MONTHLY REI		EPANTICULA	NO OF EACH.			
EMPLOYED BY	ADDRESS		EDITOR	ADDRESS	MO. PAYMENT	AMT. OWNING	
		НО	ME				
DATE OF HIRE	POSITION	AU	ТО				
DATE OF BIRTH	SPOUSE'S NA	ME OT	HER			KMI 63032	
						1311 0000Z	

## If present residence less than 2 years, complete next 2 lines Previous Street Address \_ \_\_\_\_Zip Code\_ \_\_ State \_\_ If employed by above less than 3 years, complete next 2 lines Previous Employer \_\_ \_\_Years there\_\_ Previous Employer's Address **OUTSTANDING DEBTS** (List Everything) PRESENT MONTHLY Past Due ORIG. DEBT DATE LOAN Creditor (address and account #) BALANCE PAYMENT Yes/No Rent Mortgage Auto Ioan Credit Union Credit Card Credit Card Alimony, etc. Other Other Attach another sheet if necessary TOTALS Are there any other persons obligated on any of the above loans? Yes (Which ones and who? Are you a co-maker, co-signer or guarantor on any loan? Yes □ No \_\_\_\_\_. To whom?\_\_\_\_\_ For whom? Have you been declared bankrupt in the last 14 years? ☐ No ☐ Yes Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. Date .\_\_\_ Signature of Member \_\_\_\_ CREDIT COMMITTEE ACTION TOTAL MONTHLY DEBT PAYMENTS \$\_\_\_\_\_ DEBT RATIO\_\_\_\_ TOTAL MONTHLY INCOME \$ **BOARD OF DIRECTORS** Credit Committee: Date \_\_\_ ☐ We approve the loan as submitted. ☐ We reject the loan as submitted. ☐ The following counter offer will be made to the applicant and if accepted, we approve the loan. Describe \_\_\_ Specific reason(s) for rejection \_\_\_ Outside information considered \( \subseteq No. \) ☐ Yes (describe. \_\_\_\_\_ Date \_\_\_\_ Signed\_ Signed\_ \_\_\_\_\_ Date \_\_ Signed\_ ☐ ECOA notice and Reason for Rejection sent or delivered on \_\_\_\_\_

Signed\_