



2301 SOUTH UNIVERSITY AVE, LITTLE ROCK, AR 72204  
**CONTACTCESFCU@UAEX.EDU**  
 PHONE: 501-671-2038, FAX: 501-671-2306

Purpose of Loan			
Amount Requested	Terms	Date Funds Needed	Account Number
Security Offered:	<input type="checkbox"/> Shares <input type="checkbox"/> Car/Truck <input type="checkbox"/> Other <input type="checkbox"/> Unsecured		
List Cars Owned:	Year _____ Make _____ Model _____	Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Cars Owned:	Year _____ Make _____ Model _____	Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Applicant Information**

**CREDIT INFORMATION**

Last Name		First Name		Initial	Date of Birth		SSN		Nr. of dependents		
Home Address		Street		City		State	Zip Code	Home Phone		Cell Phone	
Previous Address (If less than 3 years)		City		State	Zip Code	Home Phone		Cell Phone			
Employer Name		Street		City		State	Zip Code	Office Phone		Fax Nr.	
Position Held				How long with firm?				Gross monthly salary			
Previous Employer		Street		City		State	Zip Code	Office Phone		Fax Nr.	
Position Held				How long with firm?							
Additional source of income				Frequency				Amount			
Checking Acct#		Bank Name				Savings Acct#		Bank Name			
Reference Name		Street		City		State	Zip Code	Relationship		Phone	

**Co-Applicant Information**

Last Name		First Name		Initial	Date of Birth		SSN		Nr. of dependents		
Home Address		Street		City		State	Zip Code	Home Phone		Cell Phone	
Previous Address (If less than 3 years)		City		State	Zip Code	Home Phone		Cell Phone			
Employer Name		Street		City		State	Zip Code	Office Phone		Fax Nr.	
Position Held				How long with firm?				Gross monthly salary			
Previous Employer		Street		City		State	Zip Code	Office Phone		Fax Nr.	
Position Held				How long with firm?							
Additional source of income				Frequency				Amount			
Reference Name		Street		City		State	Zip Code	Relationship		Phone	

If you answer "Yes" to any question other than #1, explain on an attached sheet

1. Are you a U.S. Citizen or permanent resident alien?
2. Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under chapter 13, had property foreclosed upon or repossessed in the last 7 years or been a party in a lawsuit?
3. Is your income likely to decline in the next two years?
4. Are you a co-maker, co-signer or guarantor on any loan?

Applicant		Other	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For whom (Name of others obligated on loan) \_\_\_\_\_

To Whom (Name of Creditor) \_\_\_\_\_

I authorize the Credit Union to contact me at the numbers I've provided on this application for additional information or collection.

Signature: **X** \_\_\_\_\_

Insurance Applied for:
<b>Life Insurance:</b> Who do you want covered by life insurance?
Check only one: <input type="checkbox"/> Only Borrower 1 (single) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Both borrowers(joint) <input type="checkbox"/> Neither borrower
<b>Disability Insurance:</b> Who do want covered by disability insurance?
Check only one: <input type="checkbox"/> Only Borrower 1 (single) <input type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Both borrowers(joint) <input type="checkbox"/> Neither borrower

**List everything owed by applicant and/or co-applicant – attach other sheets if necessary**

Owed by		Name of Creditor	Present Balance	Monthly Payment
Applicant	Co-Applicant/Co-Maker			
<input type="checkbox"/>	<input type="checkbox"/>	Rent		
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage		
<input type="checkbox"/>	<input type="checkbox"/>	Second Mortgage		
<input type="checkbox"/>	<input type="checkbox"/>	Auto Loan		
<input type="checkbox"/>	<input type="checkbox"/>	Auto Loan		
<input type="checkbox"/>	<input type="checkbox"/>	Finance Company		
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card		
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card		
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support or Alimony		
<input type="checkbox"/>	<input type="checkbox"/>	Other		
<input type="checkbox"/>	<input type="checkbox"/>	Other (include additional page if necessary)		

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension 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 tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA

If any funds for the above application are sent to me prior to my executing a fully completed promissory note, in favor of Cooperative Extension Service Federal Credit Union, I agree to repay any amount of funds advanced in connection with the above loan application.

Signature of Applicant	Date	Co-Applicant or Co-Maker	Date
<b>AREA BELOW FOR CREDIT UNION USE ONLY</b>			
Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Auto
	<input type="checkbox"/> Denied	\$	\$

Loan Officer  
Comments: \_\_\_\_\_

Loan Officer Signatures:

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Date Date