



**ABD FEDERAL CREDIT UNION**

**Fax (586) 751-4407**

**APPLICATION FOR LOAN**

27850 Mound Road • Warren, Michigan 48092

Purpose of Loan	Best Phone to Reach You	Best Time to Reach You	ABD Account Number	
Type of Loan	Amount Requested	Down Payment	Terms (Months)	Application Type <input type="checkbox"/> Joint <input type="checkbox"/> Individual

Name			SSN			Name (Joint borrower, Co-maker)			SSN														
Present address (street)						No. years																	
City			State		Zip		City			State		Zip											
Previous address (complete if present address is less than 3 years)						Previous address (complete if present address is less than 3 years)																	
HOMEOWNERS Please complete Purchase Price						Bal. Owed		Est. Value		HOMEOWNERS Please complete Purchase Price													
Home phone			Cell phone			Birthdate			Home phone			Cell phone			Birthdate								
Email						Email																	
Employer's name/division/retired						Employer's address or plant number																	
Employer's phone number			Position			Employer's phone number			Position														
Pay frequency (very important) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly			Gross			Hourly rate			Seniority date			Pay frequency (very important) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly			Gross			Hourly rate			Seniority date		
Previous employment (complete if above is less than 3 years)						Years employed						Previous employment (complete if above is less than 3 years)						Years employed					
Other income						Source						Other income						Source					
Automobile						Bal. Owed		Automobile						Bal. Owed									
Year		Make		Model		Bal. Owed		Year		Make		Model		Bal. Owed									
Driver's license number						Driver's license number																	

\*NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

BANK (NAME)	TYPE OF ACCOUNT	INTEREST RATE
BANK (NAME)	TYPE OF ACCOUNT	INTEREST RATE

**CREDIT INFORMATION, OUTSTANDING DEBTS**

LIST **ALL DEBTS** i.e. CAR LOANS, BANK LOANS, FINANCE COMPANIES, CREDIT UNIONS, DEPT. STORES, CREDIT CARD ACCOUNTS.  
 MORE ROOM ON BACK IF NECESSARY.

Names of Creditors	Interest Rate	Collateral if Secured Loan	Balance Owed	Monthly Payments	Amount Past Due
1. MTG./RENT					
2. AUTO PMT.					
3. ABD C.U.					
4. ABD VISA					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

**OVER**

**Additional Debts Owed**

Names of Creditors	Interest Rate	Collateral if Secured Loan	Balance Owed	Monthly Payments	Amount Past Due

I have no other debts (initial) \_\_\_\_\_

Are you a co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", for whom?	Creditor?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	If "yes", to whom?
Other obligations – i.e., liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.			
Have you ever had a car or other personal property repossessed by a dealer or finance company, filed for bankruptcy, or been party to a wage assignment or collection suit, or have you ever been declined on a loan application to this credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer to any part of the question is "yes", please give details.			
COMPLETE THE FOLLOWING ONLY IF YOU RESIDE IN A COMMUNITY PROPERTY STATE (ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN); OR IF ANOTHER PERSON WILL BE JOINTLY LIABLE ON THE ACCOUNT. Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/>			
This statement is submitted to obtain credit and I(we) certify that all information herein is true and complete. I(We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my(our) credit standing. If this application is approved and a loan/credit card(s) issued, the undersigned applicant(s), by signing, using, or permitting another to use the loan/credit card(s) agree(s) that the applicant(s) will be bound by the terms and conditions accompanying the loan/credit card(s) and all amendments.			
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
<b>X</b>		<b>X</b>	

**RELATIVES (Primary Borrower)** - Please list three of your nearest relatives who are not living with you.

**RELATIVES (Secondary Borrower)** - Please list three of your nearest relatives who are not living with you.

Full Name - Relative 1			Full Name - Relative 1		
Address			Address		
City	State	Zip	City	State	Zip
Relationship		Phone	Relationship		Phone
Full Name - Relative 2			Full Name - Relative 2		
Address			Address		
City	State	Zip	City	State	Zip
Relationship		Phone	Relationship		Phone
Full Name - Relative 3			Full Name - Relative 3		
Address			Address		
City	State	Zip	City	State	Zip
Relationship		Phone	Relationship		Phone

**REMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want to purchase credit life insurance? \_\_\_\_\_

Do you want to purchase credit disability insurance? \_\_\_\_\_

If you are offering SECURITY for this loan, please state type:

\_\_\_\_\_

\_\_\_\_\_

**BANK USE ONLY**

**TO BE COMPLETED BY INTERVIEWER**

Application Taken By <input type="checkbox"/> Face to Face Interview <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Address Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Loan Officer / Application Declined:	Date Application Received
Terms of Approval:	