



St. Kitts Co-operative Credit Union

Loan Application Form

Date:		User ID:	
APPLICANT		OTHER	
NAME:		NAME:	
ACCOUNT NUMBER:		ACCOUNT NUMBER:	
Date of Birth: AGE:	Social Security No.	Date of Birth: AGE:	Social Security No.
Other ID's:	No. of Dependents:	Other ID's	No. of Dependents
Home Phone: Cell Phone: Business Phone: Other Tel No.		Home Phone Cell Phone Business Phone Other Tel No.	
Email Address:		Email Address	
Present Address (Street- City – State- Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent Other	Present Address (Street- City – State- Zip)	<input type="checkbox"/> Own <input type="checkbox"/> Rent Other
	Length at Residence		Length at Residence
Purpose of loan		Purpose of loan	
Loan Amount required		Loan Amount required	
Current Loan Amount		Current Loan Amount	
Interest Rate		Interest rate	
TOTAL		TOTAL	
Repayment period	at \$	Repayment period	at \$
	per mth.		per mth.
EMPLOYMENT/INCOME		EMPLOYMENT/INCOME	
Name and Address of Employer		Name and Address of Employer	
Title/Grade:	Length of Employment:	Title/Grade:	Length of Employment:
Supervisor's Name	If Self Employed, Type of Business	Supervisor's Name	If Self Employed, Type of Business
Employment Income	Other Income Source	Employment Income	Other Income Source
<input type="checkbox"/> Net <input type="checkbox"/> Gross	Other Income	<input type="checkbox"/> Net <input type="checkbox"/> Gross	Other Income
TOTAL	Other Income	TOTAL	Combined Income:
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS Starting Date _____		PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS Starting Date _____	
Ending Date _____		Ending Date _____	
REFERENCE		REFERENCE	
Name and address of nearest relative not living with you		Name and address of nearest relative not living with you	
Name:		Name:	
Address		Address	
Contact		Contact	
Relationship		Relationship	
Next of Kin Name		Next of Kin Name	
Address		Address	
Contact		Contact	
Relationship		Relationship	



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EXPENSES	PARTICULARS	Interest Rate	Present Balance	Monthly Payments	OWED BY	
					Applicant	Other
Totals		\$	\$			

ASSETS	PARTICULARS	Market Value	Pledged as Collateral for another loan		OWNED BY	
			Yes	No	Applicant	Other

FINANCIAL INFORMATION

1. Do you have any outstanding judgments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had property, furniture or vehicles foreclosed upon or repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a co-maker, co-signer or guarantor on any loan not listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, for whom (Name of person)		

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, increase, renewal, 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 tell 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 in this application.

Applicant's signature: _____ Date: _____ Other Signature: _____ Date: _____

Disbursements

Date	Name of Creditor	Cash	Cheque no.	Amount
Sub-total				

Check By:	Verify by:	Late Fee/Interest
Disbursed By:	Current	
		Total

FOR CREDIT UNION USE ONLY

Date: _____ Approved _____ Denied _____ Ratios: _____ DSR: _____ TDSR: _____ IER: _____

CEO/MANAGER: _____ Date: _____

CREDIT COMMITTEE: _____ Date: _____

BOARD OF DIRECTORS: _____ Date: _____

Comments: _____
