

PERSONAL AND CREDIT INFORMATION

JUDD'S FEDERAL CREDIT UNION

16501 Shady Grove Road
Gaithersburg, MD 20898-9201
Phone (877) 869-8770 / Fax (301) 519-9843

NOTICE: Fill in the shaded portion concerning spouse only if:

- Both you and your spouse will be signing for the loan, thus making you equally liable for payment, or
- You are relying on income, alimony, child support, or maintenance payments from a spouse or former spouse as a basis for repayment of the credit requested.

DATE		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER	
USE OF TITLE IS OPTIONAL <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms		FIRST NAME		MIDDLE INITIAL	LAST NAME
CURRENT RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE
LAST PREVIOUS ADDRESS		CITY	STATE	ZIP CODE	YEARS THERE
EMPLOYED BY		SERVICE	SUPERVISOR	EMPLOYED YRS. MOS.	POSITION/GRADE/ STEP
COMPLETE BUSINESS ADDRESS		CIVIL SERVICE STATUS: <input type="checkbox"/> CAREER <input type="checkbox"/> TEMP <input type="checkbox"/> OTHER (SPECIFY)		TOTAL FEDERAL SERVICE: YRS. MOS.	TELEPHONE AT WORK
YOU ARE NOT REQUIRED TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENACE PAYMENT. IF YOU CHOOSE TO DISCLOSE SUCH INCOME, IS ANY SUCH INCOME STATED IN THIS APPLICATION DERIVED FROM SUCH A SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					ANNUAL INCOME \$
OTHER INCOME EXCLUDING CHILD SUPPORT, ALIMONY, OR MAINTENANCE SOURCE					ANNUAL INCOME \$
PREVIOUS EMPLOYER		ADDRESS	TELEPHONE	SUPERVISOR	POSITION/GRADE/ STEP
Do not check box unless credit requested is secured or joint with someone else <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED		NUMBER OF DEPENDENTS	SPOUSE'S SOCIAL SECURITY NUMBER		BIRTH DATE
SPOUSE'S EMPLOYER		ADDRESS	TELEPHONE	SUPERVISOR	POSITION/GRADE/ STEP
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		COMPLETE ADDRESS			RELATIONSHIP
HOME <input type="checkbox"/> RENT <input type="checkbox"/> OWN	DATE PURCHASED	MARKET VALUE	MONTHLY UTILITIES	HOME FINANCED BY OR LANDLORD'S NAME	
MAKE OF AUTO/VEHICLE	YEAR	IF FINANCED, BY WHOM		BALANCE OWING	MONTHLY MORTGAGE OR RENT
1.				\$	MONTHLY PAYMENTS
MAKE OF AUTO/VEHICLE	YEAR	IF FINANCED, BY WHOME		BALANCE OWING	MONTHLY PAYMENTS
2.				\$	
SHARE DRAFT OR CHECKING ACCOUNT		ACCOUNT NUMBER		LOCATION	
1.					
SHARE DRAFT OR CHECKING ACCOUNT		ACCOUNT NUMBER		LOCATION	
2.					
ARE YOU A COMAKER ON ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, FOR WHOM?	IF SO, TO WHOM?	IF SO, HOW MUCH?	HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	

STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES (This Section Must Be Answered – Attach Additional Listing If Necessary)

CREDITOR NAME	ACCOUNT NAME	NAME IN WHICH ACCOUNT CARRIED	SECURITY	BALANCE DUE	7	MONTHLY PAYMENT
					TO BE PAID WITH THIS LOAN	
		CU #	MONTHS			
		CU #	MONTHS			
MORTGAGE OR RENT						

I PRESENT THIS APPLICATION TRULY AND CORRECTLY STATED TO THE BEST OF MY KNOWLEDGE AND FOR THE PURPOSE OF OBTAINING CREDIT FROM THE CREDIT UNION. I HAVE NO OTHER DEBTS.

• APPLICANT SIGNATURE: _____



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ACCOUNT NUMBER

_____ -- _____ -- _____

Application for Loan

I hereby apply for a loan of \$ _____ for _____ Months

Loan Balance \$ _____

Total \$ _____

I DESIRE TO REPAY THIS LOAN WITH A BI-WEEKLY PAYROLL ALLOTMENT CREDITED TO MY SHARE ACCOUNT WITH YOU. I FURTHER REQUEST THAT MY LOAN PAYMENTS BE DEDUCTED THROUGH AUTOMATIC TRANSFER FROM THAT ACCOUNT. I UNDERSTAND THAT PAYROLL DEDUCTION IS VOLUNTARY AND IS NOT A REQUIREMENT TO OBTAIN THIS LOAN.

THE PURPOSE OF THIS LOAN IS (EXPLAIN FULLY) _____

CO-MAKERS OR SECURITY OFFERED _____

The Federal Credit Act makes it a crime for anyone to knowingly make a false statement to a Federal Credit Union on an application for a loan. I hereby certify that all statements made hereon are true and complete and are submitted for the purpose of obtaining credit, and I expressly authorize any person, association, firm corporation, or personnel office requested by this Credit Union to furnish information concerning me or my affairs.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE INCLUDING THOSE ON THE REVERSE SIDE HEREOF ARE TRUE AND COMPLETE AND SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT.

Auto to be titled in the name of: _____

DATE _____ • APPLICANT SIGNATURE _____

Vehicle Information

Make & Model _____

Type: 2dr 4dr Coupe Hatchback Truck

Year _____ New Used

VIN# _____

Seller _____

Salesperson _____

Telephone # _____

Insurance Co & # _____

Telephone _____ Agent _____

Verified by _____, 20 _____

FOR CREDIT UNION USE ONLY

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Last CBI Report _____, 19____ Debt Ratio _____ % By _____

Name(s) _____

Liens - Collections - Judgments - R'ss - Etc.

Date	Name of Creditor	Rating	Balance	Past Due Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT COMMITTEE OR LOAN OFFICER ACTION

Information below, including appropriate signature(s), is to be filled in by either the credit committee or loan officer, depending upon who acts upon this application.

On _____, 20____, (I)(We) approved a loan in the amount and on the conditions requested by the above applicant, except as follows (list any changes in amount, terms, or conditions): _____

APPROVED by Credit Committee:

Approved by LOAN OFFICER

DISAPPROVED by Credit Committee:

REASON:

(All committee members shown as present in the minutes of the meeting at which this application was approved must sign above.)