

**YOU MUST BE EMPLOYED AT YOUR CURRENT JOB FOR AT LEAST  
90 DAYS BEFORE YOU ARE ELIGIBLE FOR A LOAN**

**APPLICATION FOR CREDIT UNION LOAN**

NAME (PRINT) \_\_\_\_\_ SSN: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
NUMBER OF DEPENDENTS \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ START DATE \_\_\_\_\_  
SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
PREVIOUS EMPLOYER (if less than 2 years) \_\_\_\_\_

- Loan Type:**     Automobile-New Auto     Automobile – Used Auto  
**(AUTO LOANS REQUIRE A VALID DRIVERS' LICENSE)**  
 Recreational Vehicle – New     Recreational Vehicle – Used  
 Personal (no collateral)     Share Secured or CD Secured

**IF YOU ARE APPLYING FOR A RECREATIONAL VEHICLE OR AUTO LOAN, PLEASE PROVIDE THE  
FOLLOWING INFORMATION FOR THE VEHICLE YOU WISH TO PURCHASE:**

**AUTO:** YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
**VIN #** \_\_\_\_\_ **MILEAGE:** \_\_\_\_\_

**I HEREBY APPLY FOR A LOAN IN THE AMOUNT OF \$ \_\_\_\_\_, TO BE REPAYED**  
 WEEKLY     BI-WEEKLY     SEMI-MONTHLY  
 MONTHLY     SINGLE PAYMENT     ANNUAL

I PREFER THE 1<sup>ST</sup> PAYMENT TO FALL DUE ON THE \_\_\_\_\_.

I DESIRE THIS LOAN FOR THE FOLLOWING PURPOSE (EXPLAIN FULLY) \_\_\_\_\_  
\_\_\_\_\_

I AM IN DEBT TO THE FOLLOWING CREDITORS PER MONTH:

(list all debts such as rent, mortgage payments, automobile, doctor bills, furniture, credit cards, student loans, etc.)

CREDITOR	ADDRESS	PURPOSE	MONTHLY PAYMENTS	BALANCE
		RENT/HOUSE		
		AUTO LOAN		
		CHILD SUPPORT		

- 1) Are you a co-borrower on any other loans? Y / N  
IF YES, FOR WHOM: \_\_\_\_\_
- 2) Do you have any outstanding judgments or garnishments against you? Y / N  
IF YES, EXPLAIN FULLY: \_\_\_\_\_
- 3) Have you had property foreclosed upon or repossessed in the last 7 years? Y / N
- 4) Is your income likely to decline in the next 2 years? Y / N
- 5) Are you relying on income from another person for this loan? Y / N  
IF YES, NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
*(REQUIRES CO-CORROWER'S STATEMENT)*

\*\*Personal Reference (not spouse):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 1014. TITLE 18 OF THE UNITED STATES CODE MAKES IT A FEDERAL OFFENSE FOR A PERSON TO KNOWINGLY MAKE FALSE STATEMENTS FOR THE PURPOSE OF INFLUENCING THE ACTION OF A FEDERAL CREDIT UNION. I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREOF ARE TRUE AND COMPLETE AND THAT I HAVE NO OTHER DEBTS. THE CREDIT UNION IS AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT ITS CREDIT WITH ME.**

BORROWER \_\_\_\_\_ DATE \_\_\_\_\_

**TWO MOST RECENT PAYSTUBS OR VERIFICATION OF INCOME IS REQUIRED TO COMPLETE THE LOAN**



Federal Credit Union

212 W HICKORY ST  
SISSETON SD 57262  
PH: 605-698-7481  
F: 605-742-0792

## AUTHORIZATION TO RELEASE INFORMATION

BORROWER: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I (We), the undersigned, hereby authorize you to release information regarding my account, personal information, and employment to **COTEAU VALLEY FEDERAL CREDIT UNION**. This form may be duplicated in blank and/or sent via facsimile transmission. This authorization is a continuing authorization for said parties to receive any requested information regarding my account with you.

\_\_\_\_\_

Borrower

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**• CO-BORROWER'S STATEMENT •**

PLEASE HAVE CO-BORROWER FILL OUT FOLLOWING INFORMATION:

CO-BORROWER'S NAME (PRINT) \_\_\_\_\_ SSN: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 NUMBER OF DEPENDENTS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 POSITION \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_  
 SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 PREVIOUS EMPLOYER (if less than 2 years) \_\_\_\_\_

I AM IN DEBT TO THE FOLLOWING CREDITORS PER MONTH:  
 (list all debts such as rent, mortgage payments, automobile, doctor bills, furniture, credit cards, student loans, etc.)

CREDITOR	ADDRESS	PURPOSE	AMOUNT	BALANCE

CO-BORROWER \_\_\_\_\_ DATE \_\_\_\_\_

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