



501-A Viking Drive
 Virginia Beach, VA 23452-7306
 (757) 340-9781 Phone
 (757) 340-1213 Fax

LOAN APPLICATION

LOAN REQUEST INFORMATION

CREDIT TYPE (Choose one): *(If a Joint Account, please complete the JOINT APPLICANT section)* INDIVIDUAL JOINT

AMOUNT REQUESTED: _____ PURPOSE: _____

REPAYMENT: PAYROLL DEDUCTION CASH MILITARY ALLOTMENT AUTOMATIC PAYMENT

PAYMENT PROTECTION: Are you interested in having your loan protected? YES NO
Loan protection is voluntary and does not affect loan approval. Terms, conditions, and costs will be disclosed.

APPLICANT INFORMATION

MEMBER NAME (First, MI, Last): _____ MEMBER ACCOUNT #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

PRESENT ADDRESS: _____
(Do not enter PO Box or mailing address here.)

CITY: _____ STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

CURRENT EMPLOYER: _____

START DATE: _____ JOB TITLE/POSITION: _____ SALARY/HOURLY WAGE: _____

OTHER INCOME: Source _____ Amount: \$ _____ per _____
Alimony, child support, and separate maintenance income need not be declared if you do not wish to have it considered for this application.

PREVIOUS EMPLOYER: _____
(If employed less than five years with current employer)

START DATE: _____ JOB TITLE/POSITION: _____ SALARY/HOURLY WAGE: _____

AGE OF DEPENDENTS: _____

REFERENCE NAME (First, MI, Last): _____ RELATIONSHIP: _____
(This person must be a relative or other person NOT living at the same address as the applicant.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT NUMBER: _____

APPLICANT MONTHLY EXPENSES

EXPENSE TYPE:	CREDITOR NAME	MONTHLY PAYMENT
RENT/MORTGAGE	_____	_____:
AUTO LOANS	_____	_____
CREDIT CARDS STUDENT	_____	_____
LOANS ALIMONY/CHILD	_____	_____
SUPPORT CELL PHONE BILL	_____	_____
OTHER EXPENSES OTHER	_____	_____
EXPENSES OTHER	_____	_____
EXPENSES	_____	_____

JOINT APPLICANT INFORMATION

MEMBER NAME (First, MI, Last): _____ MEMBER ACCOUNT _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ #: DRIVER'S LICENSE _____

PRESENT ADDRESS: _____ #: _____
(Do not enter PO Box or mailing address here.)

CITY: _____ STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

CURRENT EMPLOYER: _____

START DATE: _____ JOB TITLE/POSITION: _____ SALARY/HOURLY WAGE: _____

OTHER INCOME: Source _____ Amount: \$ _____ per _____
Alimony, child support, and separate maintenance income need not be declared if you do not wish to have it considered for this application.

PREVIOUS EMPLOYER: _____
(If employed less than five years with current employer)

START DATE: _____ JOB TITLE/POSITION: _____ SALARY/HOURLY WAGE: _____

AGE OF DEPENDENTS: _____

REFERENCE NAME (First, MI, Last): _____ RELATIONSHIP: _____
(This person must be a relative or other person NOT living at the same address as the applicant.)

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JOINT APPLICANT MONTHLY EXPENSES

EXPENSE TYPE:	CREDITOR NAME	MONTHLY PAYMENT
RENT/MORTGAGE	_____	_____:
AUTO LOANS	_____	_____
CREDIT CARDS STUDENT	_____	_____
LOANS ALIMONY/CHILD	_____	_____
SUPPORT CELL PHONE	_____	_____
BILL OTHER EXPENSES	_____	_____
OTHER EXPENSES OTHER	_____	_____
EXPENSES	_____	_____
	_____	_____

AUTHORIZATION

By submitting this application, you certify 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 your debts and obligations. You authorize the credit union to obtain credit reports in connections with this application for credit and for any update, renewal, or extension of the credit received. If you request, the credit union will provide you with the name and address of any credit bureau from which it received your credit report. You understand that the credit union will rely on both the representations you make in this application and the contents of any credit report it obtains when deciding to grant the credit requested. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Federal or State Chartered Credit Unions insured by NCUA.

PRIMARY APPLICANT SIGNATURE: _____ DATE: _____

JOINT APPLICANT'S SIGNATURE: _____ DATE: _____