

**BARD EMPLOYEES FEDERAL
CREDIT UNION**

111 Spring Street, Murray Hill, NJ 07974

LOAN APPLICATION

Phone (908) 277-8130

Fax (908) 277-8302

I hereby apply for the following type of loan: CHECK ONE: Signature Loan Co-Maker Loan Share Secured (balance on deposit)
 Amount: \$ _____ Vehicle Loan (title & comprehensive insurance required): New Used
 Specific Purpose: _____ Requested Payment or Term _____
 Do you wish to purchase Temporary Disability Insurance? Yes No

APPLICANT

Name: _____ Birth Date: _____ Account # _____
 Nick Name: _____ Social Security #: _____ Home Phone # _____

List complete home addresses for last FIVE years beginning with current _____ Dates of Residence _____
 _____ RENT OWN BOARD _____
 _____ RENT OWN BOARD _____
 _____ RENT OWN BOARD _____

Directions to residence if address route or P.O. Box _____

Spouse's full name: _____ Spouse's work number: _____
 No. of Dependents OTHER than self: _____ Ages: _____ Highest School Grade Completed or Degree Earned: _____

ASSETS (Please enter "J" before item if jointly owned with co-maker)

	Value	Pledged on a Loan (lien)?
Bank Accounts (Institution & #): _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home: _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Autos (Make, model, Year): _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: _____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT DATA

List all Employers for last five years beginning with current (Names & Addresses) _____ Position _____ Dates of Employment _____

Current Work Phone (& extension): _____ Current Supervisor: _____
 Current Gross Income: \$ _____ Per _____ Supervisor's Phone: _____
 Other Income: ** \$ _____ Per _____ Source: _____

REFERENCES

Name and address of nearest relative not living with you: _____
 Relationship: _____ Phone #: _____
 Name and address of a friend (not a relative) : _____
 Phone #: _____

Applicant and Co-Maker

A = Applicant
 C = Co-Maker

OUTSTANDING OBLIGATIONS

List everything you owe, attach another sheet if necessary
 Creditor's name & address

	Account #	Balance	Monthly Payment
_____ Mortgage, Rent, or Board	_____	_____	_____
_____ Other home liens	_____	_____	_____
_____ Auto Loan	_____	_____	_____
_____ Credit Union	_____	_____	_____
_____ Finance Company	_____	_____	_____
_____ Alimony / Child Support	_____	_____	_____
_____ Credit Card	_____	_____	_____
_____ Other	_____	_____	_____

Applicant and Co-maker Must Respond

If a "Yes" answer is given to any question, a full explanation must be attached.

Have you any outstanding judgments?

Applicant: Yes No Co-maker: Yes No

In the last 10 years, have you declared bankruptcy?*

Applicant: Yes No Co-maker: Yes No

***If yes, call for an additional form**

Are you a co-maker on another's loan?

Applicant: Yes No Co-maker: Yes No **If Yes:**

For whom: _____

Relationship: _____

Where? _____

SIGNATURES

We rely on the answer to each item on this application. Your application will be returned if you omit any item. Please complete neatly in ink, or type. If additional room is needed to fully complete any question, use an attachment. **NO INCOME CAN BE CONSIDERED UNLESS OFFICIAL DOCUMENTATION IS ATTACHED.** **You are only required to reveal all sources of income if they are to be used in determining your creditworthiness.

I authorize Bard Employees Federal Credit Union to contact any person, association, firm, reporting bureau, or corporation and for same to provide any and all information concerning my affairs. Anyone who signs as a co-maker agrees as well.

Applicant's Signature: _____ Date: _____

Co-maker's Signature: _____ Date: _____

CO-MAKER PERSONAL DATA

Name: _____ Birth Date: _____ Account # _____

Nick Name: _____ Social Security #: _____ Home Phone # _____

Relationship to Applicant: _____

List complete home addresses for last FIVE years beginning with current _____ Dates of Residence _____

RENT OWN BOARD _____

RENT OWN BOARD _____

RENT OWN BOARD _____

Directions to Residence if route or P.O. Box _____

Spouse's full name: _____ No. of Dependents OTHER than self: _____ Ages: _____

Highest School Grade Completed or Degree Earned: _____

ASSETS (Please do not reenter items listed jointly with maker on front) _____ Value _____ Pledged on a Loan (lien)?

Bank Accounts (Institution & #): _____ \$ _____ Yes No

Home: _____ \$ _____ Yes No

Autos (Make, model, Year): _____ \$ _____ Yes No

Other: _____ \$ _____ Yes No

Other: _____ \$ _____ Yes No

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Phone #: _____