

THIS SECTION FOR OFFICE USE ONLY					If Auto, NADA Value
OLD BALANCE \$	NEW MONEY \$	INTEREST TO DATE \$	TOTAL LOAN AMOUNT \$	PERCENTAGE OF DEBT TO INCOME %	MCCU USE Prin _____ Mo Pay _____
Security _____			Monthly Payment \$ _____		
Applicant's Eligibility To Credit Union: _____					
On _____ We approved this _____ loan for \$ _____					
Credit _____			Approved by Loan Officer: _____		
Committee _____					

E. ASSETS (Autos, Boat, Motors, Trailers, Recreational Vehicles, Stocks, Bonds, etc.)									
APPLICANT				CO - APPLICANT					
Checking Amount \$		Name and Address of Depository		Checking Amount \$		Name and Address of Depository			
Savings Amount \$		Name and Address of Depository		Savings Amount \$		Name and Address of Depository			
OWNED BY Applicant _____ Other _____		CHECK ONE		LIST HOME AND ALL OTHER ITEMS YOU OWN AND LOCATION OF PROPERTY. <small>For example: auto, boat, stocks, bonds, cash, household goods, real estate, etc.</small>		MARKET VALUE		PLEGED AS COLLATERAL FOR ANOTHER LOAN	
		HOME		\$	YES		NO		
		AUTO		\$	YES		NO		
		AUTO		\$	YES		NO		
		HOUSEHOLD GOODS		\$	YES		NO		
				\$	YES		NO		
				\$	YES		NO		
				\$	YES		NO		
				\$	YES		NO		

F. DEBTS		Attach additional sheets if necessary		Check debts you intend to pay with this loan:	
OWED BY Applicant _____ Other _____		CREDITOR NAME AND ADDRESS: <i>Credit Cards, Installment Loans, Auto Leases, Daycare costs, Health Insurance, etc.</i>		PRESENT BALANCE	MONTHLY PAYMENT
	MORTGAGE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> LIVE WITH PARENTS		\$	\$
	LINE OF CREDIT			\$	\$
	AUTO			\$	\$
	AUTO			\$	\$
	CHILD CARE			\$	\$
	CHILD SUPPORT			\$	\$
	CREDIT CARD			\$	\$
	CREDIT CARD			\$	\$
	OTHER			\$	\$
				\$	\$
				\$	\$
Is this all you owe? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please attach additional sheets indicating other debts.					
LIST OTHER NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED.				TOTAL:	\$
				\$	\$

G. FINANCIAL INFORMATION		APPLICANT		CO - APPLICANT	
If you answer 'YES' to any question other than #1, explain on an attached sheet.		YES	NO	YES	NO
1. Are you a U.S. citizen or permanent resident alien?					
2. Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit?					
3. Is your income likely to decline in the next two years?					
4. Are you a Co-maker, Co-signer or Guarantor on any loan not listed above?					
FOR WHOM (Name of other obligated on loan)		TO WHOM (name of Creditor)			

<input type="checkbox"/> Single Credit Disability Insurance	Check coverage(s) desired. The Credit Union will disclose the cost of this voluntary insurance to you.
<input type="checkbox"/> Single Credit Life Insurance	A separate insurance election, which discloses the terms and conditions must be signed for coverage to become effective.
<input type="checkbox"/> Joint Credit Life Insurance	

SIGNATURES: I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that at your request I may be required to supply additional information and update my credit information. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

Applicant Signature: _____ Date: _____

Co - Applicant(s) Signature(s): _____

(When applicable)

Midland Co-op Credit Union

LOAN APPLICATION

Please Read Before Completing Application

- Please **Type or Print in ink.**
- **Purpose of loan must be stated.** It is not sufficient to state merely personal, home improvement, etc.
- If loan is to be fully secured by shares, complete **Sections A and B** only and **sign the back** of the application.
- **Section C: Provide copies of last two pay stubs with application.**
- Debts **Section F must be completed.** If none write "none". If you and a co-applicant, (spouse, co-signer, etc) will be signing the note, obligations of both must be listed.
- **Please complete all sections.** An incomplete application will only delay processing. Attach additional sheets if space is not adequate.
- Return to 5172 Central Avenue NE, Minneapolis, MN 55421-1825. Questions? Call 763-572-1368.

Loan Number:

AMOUNT OF LOAN (New Money) \$		NEW MONEY TO BE (Check One) <input type="checkbox"/> ADDED TO PRESENT LOAN <input type="checkbox"/> NEW LOAN		REPAYMENT: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Cash/Check <input type="checkbox"/> Twice a month		DATE	
TO BE REPAID IN (complete one) () Months or \$ per month			APPROXIMATE DATE NEEDED		PURPOSE OF LOAN:		
A. APPLICANT				CO - APPLICANT			
NAME				PLEASE CHECK ONE: <input type="checkbox"/> Co - signer <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
BIRTH DATE	Telephone No. (Home or Cell No.)			BIRTH DATE	Telephone No. (Home or Cell No.)		
PRESENT ADDRESS (Street - City - State - Zip Code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				PRESENT ADDRESS (Street - City - State - Zip Code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
YEARS				YEARS			
Complete for Joint Credit, Secured Credit or if you live in a Community Property State: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (<i>Single, Divorced, Widowed</i>)				Complete for Joint Credit, Secured Credit or if you live in a Community Property State: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (<i>Single, Divorced, Widowed</i>)			
LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)				LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		NAME OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	
ADDRESS / CITY / STATE / ZIP		HOME PHONE		ADDRESS / CITY / STATE / ZIP		HOME PHONE	

B. SECURITY FOR THIS LOAN		
IF MIDLAND CO - OP CREDIT UNION SHARES ARE TO SERVE AS SECURITY, LIST ACCOUNT NUMBERS AND NAMES SECURING LOAN:		
If loan is for purchase of an automobile, truck, pickup, motorcycle, boat, snowmobile, trailer, etc., complete the following and furnish us with a PURCHASE AGREEMENT from the Dealer or Private Party.		
YEAR /MAKE / MODEL	<input type="checkbox"/> New <input type="checkbox"/> Used	SERIAL NUMBER
MILEAGE	OPTIONAL EQUIPMENT (check all that apply): <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Power Seat <input type="checkbox"/> Alum/Alloy Wheels <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Windows <input type="checkbox"/> Trim Package _____ <input type="checkbox"/> CD Player <input type="checkbox"/> Cruise Control Engine Cylinders: 4 6 8 <u>OTHER OPTIONS:</u>	
OWNER(S) NAME(S) AS APPEARS, OR WILL APPEAR ON TITLE		Insurance Company Agent and Phone # :

C. EMPLOYMENT INFORMATION Please provide copies of your last two pay stubs with application NOTICE: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.			
NAME, ADDRESS AND TELEPHONE OF EMPLOYER		CO - APPLICANT: NAME, ADDRESS AND TELEPHONE OF EMPLOYER	
TITLE	SUPERVISOR	TITLE	SUPERVISOR
EMPLOYMENT INCOME (must have Gross or Net) Hours per week _____ <input type="checkbox"/> Gross \$ <input type="checkbox"/> or take home <input type="checkbox"/> per hour <input type="checkbox"/> month <input type="checkbox"/> year		EMPLOYMENT INCOME (must have Gross or Net) Hours per week _____ <input type="checkbox"/> Gross \$ <input type="checkbox"/> or take home <input type="checkbox"/> per hour <input type="checkbox"/> month <input type="checkbox"/> year	
STARTING DATE	IF SELF EMPLOYED, TYPE OF BUSINESS. Attach a copy of last year's 1040 tax form.	STARTING DATE	IF SELF EMPLOYED, TYPE OF BUSINESS. Attach a copy of last year's 1040 tax form.
If Employed in current position less than two years, provide Name & Address of previous Employer. Include Dates Worked.		If Employed in current position less than two years, provide Name & Address of Previous Employer. Include Dates Worked.	

D. OTHER INCOME INFORMATION Include Social Security, Pension, Part-time employment, Rental Income, etc.	
OTHER INCOME \$ PER <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	OTHER INCOME \$ PER <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
SOURCE OF OTHER INCOME	SOURCE OF OTHER INCOME