

## Keystone Credit Union Loan Application

Please print this form, fill it out and fax to 903 882-4279

### General Information:

Will there be a co-applicant on this application:    Yes    No

Marital Status: Complete marital status if this loan is for:

a. Joint or secured credit, or

b. You reside in or rely on property located in a Community Property State. (AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Unmarried

Married

Separated

This loan is not for joint or secured credit and I do not live in the states listed above.

Type of Loan Requested:

Loan Amount Requested:

Loan Term Requested:

### Primary Applicant:

Last Name:

Member Number:

First Name:

Middle Name:

Social Security Number (TIN):

Date of Birth:

Number of Dependents:

Ages of Dependents:

Home Phone Number:

Work Phone Number:

Other Phone Number:

Email Address:

Drivers License #:

Drivers License State:

#### *Home Address*

Address 1:

Address 2:

City:

State, Zip:

Time at Current Residence:

Residence Type:  Rent  Own    Other:

Monthly Payment:

#### *Previous Address*

Address 1:

Address 2:

City:

State, Zip:

Time at Previous Residence:

Residence Type:  Rent  Own    Other:

#### *Present Employer*

Name:

Phone Number:

Employment Status:  Full Time  Part Time    Temp  Retired  Other (please specify):

Job Title:

Job Start Date:

Gross Salary:

per  Year  Month  Hour

Other Income:

per  Year  Month  Hour

Other Income Source:

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

*Previous Employer*

Name:	Phone Number:
EmploymentStatus: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour

Co-Applicant:

Last Name:	Member Number:
First Name:	Middle Name:
Social Security Number (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:

*Home Address*

Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	

*Previous Address*

Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:

*Present Employer*

Name:	Phone Number:
EmploymentStatus: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

*Previous Employer*

Name:	Phone Number:
EmploymentStatus: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	

Gross Salary: \_\_\_\_\_ per  Year  Month  Hour

**References**

*Nearest Relative Not Living With You*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

**Debts/Monthly Payments:**

List all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan.

Debt	Monthly Payment	Debt	Monthly Payment

**Additional Information**

How would you prefer to be contacted?  
 Home Phone  
 Work Phone  
 Other Phone  
 Email Address  
 Other:

Special Instructions/Comments:

**Signatures**

Income verification is required; other information may be required.

I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs. (Sec. 1014, Title 18, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_