



ST. JOHN UNITED FEDERAL CREDIT UNION

184 GOODELL ST.
BUFFALO, NY 14204

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LOAN APPLICATION

'People Helping People'

PLEASE COMPLETE APPLICATION AND RETURN IT TO THE CREDIT UNION OFFICE WITH PROOF OF INCOME. FAILURE TO PROVIDE THE INFORMATION REQUESTED WILL DELAY PROCESSING OF YOUR APPLICATION.

PLEASE CHOOSE ONE: APPLICANT _____ JOINT APPLICATION/SPOUSE _____ CO-SIGNER _____

REPAYMENT METHOD: (PLEASE CHOOSE ONE) PAYROLL DEDUCTION OVER THE COUNTER/MAIL OTHER

REASON/PURPOSE FOR THE LOAN: _____

AMOUNT REQUESTED: \$ _____ TERMS: _____

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____ OWN RENT OTHER

PREVIOUS ADDRESS: _____ YEARS AT THIS RESIDENCE: _____

_____ YEARS AT THIS RESIDENCE: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ AGES OF DEPENDENTS: _____

EMAIL: _____ HOME PHONE: _____

CELL PHONE: _____

PLEASE SELECT ONE: (IF APPLYING FOR JOINT CREDIT) MARRIED SEPARATED UNMARRIED

REFERENCE: NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

_____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

EMPLOYER INFORMATION:

NAME OF EMPLOYER: _____ START DATE: _____

ADDRESS OF EMPLOYER: _____ FULL TIME: _____ PART TIME: _____

INCOME: \$ _____ PER: HOUR PAY PERIOD ANNUAL SALARY OCCUPATION: _____

PREVIOUS EMPLOYER: (If employed less than ten years at current employer)

NAME OF EMPLOYER: _____ START DATE: _____

ADDRESS OF EMPLOYER: _____ FULL TIME _____ PART TIME: _____

_____ OCCUPATION: _____