



Great Falls Regional FCU  
34 Bates St.  
Lewiston, ME 04240  
(207) 782-7192

### LOAN APPLICATION - CONSUMER

DATE	APPLICANT ACCOUNT NUMBER	OTHER APPLICANT ACCOUNT NUMBER
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Amount Requested  New Loan  Refinanced Loan  Line of Credit  Credit Limit Increase  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Purpose of Loan \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_ Rate \_\_\_\_\_ Term \_\_\_\_\_

Collateral Offered \_\_\_\_\_ Owned By \_\_\_\_\_

REPAYMENT METHOD:  PAYROLL DEDUCTION  CASH  AUTOMATIC

MARRIED APPLICANTS may apply for a separate account. A Credit Union may only extend direct credit to a member. A Joint applicant for credit will be considered a guarantor or co-signer if such person is not a credit union member. **Check the type of credit account you wish to apply for.**

- Individual Credit** - You must complete the applicant section about yourself and the other section about your spouse if: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your Spouse will use the account, or you are relying on your spouse's income as a source of repayment.
- Joint Credit** - If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section. If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.

Applicant Signature X \_\_\_\_\_ Co-Applicant Signature X \_\_\_\_\_

#### APPLICANT

Complete for secured credit or if you live in a community property state  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

#### OTHER JOINT APPLICANT CO-SIGNER/GUARANTOR

Complete for secured credit or if you live in a community property state  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

NAME (FIRST, INITIAL, LAST)			
SOCIAL SECURITY #	DRIVER'S LICENSE NO.	BIRTHDATE	
HOME PHONE NUMBER	NO. OF DEP.	AGE OF DEPENDENTS	
CURRENT STREET ADDRESS	APT. NO.	YEARS	
CITY	STATE	ZIP	
FORMER STREET ADDRESS			YEARS THERE
CITY	STATE	ZIP	

NAME (FIRST, INITIAL, LAST)			
SOCIAL SECURITY #	DRIVER'S LICENSE NO.	BIRTHDATE	
HOME PHONE NUMBER	NO. OF DEP.	AGE OF DEPENDENTS	
CURRENT STREET ADDRESS	APT. NO.	YEARS	
CITY	STATE	ZIP	
FORMER STREET ADDRESS			YEARS THERE
CITY	STATE	ZIP	

#### EMPLOYMENT AND INCOME *If self-employed, attach financial statement and/or income tax return.*

CURRENT EMPLOYER	HIRE DATE		
STREET ADDRESS			
CITY	STATE	ZIP	WORK PHONE NUMBER
POSITION	MONTHLY GROSS INCOME		
SUPERVISOR'S NAME AND PHONE NUMBER			
FORMER EMPLOYER - Name/Address/Phone			HIRE DATE

CURRENT EMPLOYER	HIRE DATE		
STREET ADDRESS			
CITY	STATE	ZIP	WORK PHONE NUMBER
POSITION	MONTHLY GROSS INCOME		
SUPERVISOR'S NAME AND PHONE NUMBER			
FORMER EMPLOYER - Name/Address/Phone			HIRE DATE

#### OTHER INCOME You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME 1	PHONE NUMBER	MONTHLY INCOME
		\$ _____
SOURCE OF OTHER INCOME 2	PHONE NUMBER	MONTHLY INCOME
		\$ _____

SOURCE OF OTHER INCOME 1	PHONE NUMBER	MONTHLY INCOME
		\$ _____
SOURCE OF OTHER INCOME 2	PHONE NUMBER	MONTHLY INCOME
		\$ _____

#### PERSONAL REFERENCES INDICATE A = Applicant O = Other Applicant

A	O	NEAREST RELATIVE NOT LIVING WITH YOU - NAME/ADDRESS/PHONE	RELATIONSHIP
		PERSONAL FRIEND - NOT A RELATIVE - NAME/ADDRESS/PHONE	RELATIONSHIP

