

Whitehall Credit Union Loan Application

5025 E Main St, Columbus, Ohio 43213

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.*		FOR CREDIT UNION USE ONLY	
Please check if you are applying for: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied W/counter-offer	Signature _____ Date _____
TYPE OF LOAN <input type="checkbox"/> Signature (Unsecured) <input type="checkbox"/> Auto, Boat, Motorcycle <input type="checkbox"/> Computer Purchase <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Shared Secured (Specify Acct. #) <input type="checkbox"/> Home Improvement <input type="checkbox"/> Other _____		For Auto, Boat, Motorcycle & Other <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Pre-Approval <input type="checkbox"/> Vehicle Offered As Security	Vehicle Description if Known Year: _____ Make: _____ Model: _____ Miles: _____ Options: _____ Bank holding loan on trade-in: _____
Amount Applied For: \$ _____	Payment Protection Plan:** <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Disability <input type="checkbox"/> None	Length of Repayment in Months: <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other (Specify) _____	
Purpose of Loan (Must Complete) _____			Payroll Deduction <input type="checkbox"/>
			Payment Book <input type="checkbox"/>

APPLICANT			CO-APPLICANT		
Name	SSN		Name	SSN	
Address		No. Years	Address		No. Years
City, State, Zip		Date of Birth	City, State, Zip		Date of Birth
Home Phone		Work Phone	Home Phone		Work Phone
Employer		Address	Employer		Address
Gross Annual Income \$	Position	Start Date	Gross Annual Income \$	Position	Start Date
Other Income:**	How Often?	Source	Other Income:**	How Often?	Source
About Your Current Residence <input type="checkbox"/> Own Monthly Rent or Mtg. Payment \$ _____ <input type="checkbox"/> Rent <input type="checkbox"/> Live W/Parents, Relatives, Friends			About Your Current Residence <input type="checkbox"/> Own Monthly Rent or Mtg. Payment \$ _____ <input type="checkbox"/> Rent <input type="checkbox"/> Live W/Parents, Relatives, Friends		
Alimony or Child Support \$ _____ How Often Paid? _____			Alimony or Child Support \$ _____ How Often Paid? _____		
Have you ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____			Have you ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____		

Complete below if this is your first loan with us or if anything has changed since your last loan

Previous Address (if current is less than 3 years)			Previous Address (if current is less than 3 years)		
Previous Employer (if current is less than 3 years)		List dependants by age	Previous Employer (if current is less than 3 years)		List dependants by age
Nearest Relative (Not Spouse) Name - Address - Phone - Relationship					
Homeowners Complete:			Homeowners Complete:		
Purchase price:	Bal. Owed:	Est. Value	Purchase price:	Bal. Owed:	Est. Value
Auto owned:	Loan Rate:		Auto owned:	Loan Rate:	
Yr: Make: Model:	Bal. owed:		Yr: Make: Model:	Bal. owed:	
Savings Account:			Savings Account:		
Est. Bal.:	Bank:	Rate:	Est. Bal.:	Bank:	Rate:
Checking Account:			Checking Account:		
Est. Bal.:	Debit Card:	Monthly Fees:	Est. Bal.:	Debit Card:	Monthly Fees:
Est. Bal.:	Bank:	Rate:	Est. Bal.:	Bank:	Rate:
Driver's License #: _____ State _____			Driver's License #: _____ State _____		

* Credit insurance will not be in effect until approval of a signed Credit Insurance Enrollment Form
 ** Note: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.

I (We) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and ask any questions regarding my (our) history. I (We) also authorize any creditors or employers to release payoff to you and any other information needed to underwrite or process this loan application.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
X		X	