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Galesburg, IL 61401

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Loan Application			Loan #
Purpose of Loan Request			
Loan Purpose	Amount Requested \$	Payment Amount \$	Repayment Type __ Cash __ Auto Transfer __ Payroll Deduct
Collateral Year/Make/Model/Trim		Mileage	
Insurance Company		Agent	Phone
<b>Payment Protection</b>	__ Credit Life Insurance __ Credit Disability Insurance	__ I/We decline both Credit Life and Disability Insurance	We will disclose the cost of this voluntary insurance to you. A separate insurance form, disclosing terms/conditions must be signed by you for coverage.

*Individual Credit: You must complete the Applicant section about yourself. The co-applicant section must be completed if: 1) the co-applicant will be jointly obligated with you; 2) your will be relying on income or assets of the co-applicant as a basis for repayment of this loan; 3) you are relying on income from alimony, child support, or separate maintenance from the co-applicant or other party; or 4) you are married to the co-applicant and reside in, or the property is located in, a community property state. If you are married, your spouse need not be obligated with you on the loan and need not sign as co-applicant unless item 2 above applies or unless the spouse's signature is required under state law to create a valid lien, pass clear title, or waive inchoate rights to property.*

Applicant			Co-Applicant (Spouse or other)		
Last Name	First Name	MI	Last Name	First Name	MI
Member #	New?	Social Security Number	Member #	New?	Social Security Number
Date of Birth	__ Married __ Unmarried __ Other		Date of Birth	__ Married __ Unmarried __ Other	
Present Address			Present Address		
__ Own __ Rent _____ Years Monthly Pymt \$ _____			__ Own __ Rent _____ Years Monthly Pymt \$ _____		
Previous Address _____ Years			Previous Address _____ Years		
Cell Phone	Alternate Phone		Cell Phone	Alternate Phone	
Email			Email		
Employment			Co-Applicant Employment		
Name of Employer			Name of Employer		
Address			Address		
Work Phone	Position/Job		Work Phone	Position/Job	
Start Date	Years / Months on Job		Start Date	Years / Months on Job	
Previous Employer (if less than 2 years)			Previous Employer (if less than 2 years)		
Income			Co-Applicant Income		
Source	Hours per week		Source	Hours per week	
\$ _____ per _____	__ Net __ Gross		\$ _____ per _____	__ Net __ Gross	
Source	Hours per week		Source	Hours per week	
\$ _____ per _____	__ Net __ Gross		\$ _____ per _____	__ Net __ Gross	
Source	Hours per week		Source	Hours per week	
\$ _____ per _____	__ Net __ Gross		\$ _____ per _____	__ Net __ Gross	

Notice: Income from Alimony, Child Support, or Maintenance Payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

Applicant Assets			Co-Applicant Assets		
Deposits in Checking & Savings Accounts		Amount / Value	Deposits in Checking & Savings Accounts		Amount / Value
Name of Institution	Type	Applicant	Name of Institution	Type	Applicant
		\$			\$
		\$			\$
Vehicles	Loan?	\$	Vehicles	Loan?	\$
Vehicles	Loan?	\$	Vehicles	Loan?	\$
Real Estate Owned	Loan?	\$	Real Estate Owned	Loan?	\$
Other	Loan?	\$	Other	Loan?	\$

Applicant and Co-Applicant Liabilities					
Purpose	<i>A-Applicant, CA-CoApplicant, JT-Jointly</i>		Mo Pay	Balance	Pay off
	<i>A,CA,JT</i>	Debt owed to			
___ Rent ___ Mortgage			\$		
			\$		
			\$		
			\$		

References				
Name	Mbr#	Address	Relation	Phone

**Agreement**

The undersigned hereby declare and represent that everything stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you own and owe. You authorize the credit union to investigate your credit worthiness, employment history, and obtain a credit report, and to make additional normal inquiries from credit bureaus, employers, and references listed on this application. You agree that this application shall be the credit union's property whether or not the credit application is approved. It is a federal crime to willfully and deliverately provide incomplete or incorrect information on loan applications made to federal or state credit unions insured by NCUA.

Applicant Signature	Date	Applicant Signature	Date
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We intend to apply for Joint Credit	___	Applied by Phone	___	We intend to apply for Joint Credit	___
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**For Credit Union Use Only**

Loan ___ Approved ___ Denied	Loan Amount	Total Monthly Income	\$
Loan Proceeds	\$	Total Housing Expense	\$
Documentation Fee	\$	Payments on All Debts	\$
Other	\$	Payments on This Loan	\$
Insurances ___ Credit Life ___ Credit Disability	<i>Payment Protection added to total loan amount above.</i>	Total All Payments	\$
Interest Rate	Term (Months)	Debt to Income Ratio	%
Est. Payment	First Due Date	Comments	
Collateral			
VIN#			
Approved by	Date		