



CREDIT APPLICATION

REQUESTED AMOUNT: \$_____	.00	(+\$_____	.00 CU SHARES TO BE ADDED TO LOAN)
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MEMBER INFORMATION

Name:		
Date of birth:	SIN:	Phone:
Best time to contact & method preferred:		
Marital Status:		Monthly Support if any:
Current address:		
City/Province:	Postal Code:	Email:
Own or Rent (Please Circle)	Mos. \$:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	Work E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly or Salary (Please circle)	Annual income:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:		
Date of birth:	SIN:	Phone:
Current address:		
City:	Province:	Postal Code:
Own or Rent (Please Circle)	Mos. \$:	How long?
Marital Status:		Monthly Obligations:

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:		
Employer address :		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Hourly or Salary (Please circle)	Annual income:

Have you ever declared bankruptcy or received a court judgment?	Yes ☐	No ☐
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The information I/we have provided is complete and accurate and made for the purpose of obtaining the loan. No information, which might affect the Credit Union’s decision, has been withheld.

I/We give the Credit Union permission to obtain personal and credit history information to assess this application and further authorize the Credit Union to obtain such factual and investigative information regarding me from others as permitted by Law to other credit grantors and credit bureaus.

I hereby acknowledge notice from the Credit Union that a consumer report containing information may or will be referred to in connection with this application for credit or any renewal or extension thereof.

I understand that to evaluate my credit application and to continue monitoring my credit status, and for the purposes of this loan, only those employees of you or your Networking Affiliates or Cooperative Financial Service Group whose job function involves assessment of creditworthiness, credit applications, monitoring, processing and other related matters will have access to my files.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date