

**STRATFORD MUNICIPAL FEDERAL CREDIT UNION**

**Phone: (203) 377-5888**

**Fax: (203) 378-2331**

**WEB SITE: stratfordmfcu.com**

**APPLICATION FOR LOAN**

**COMPLETE ALL INFORMATION**

SINGLE DISABILITY INSURANCE      Check coverage desired. The Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.  
 SINGLE LIFE INSURANCE  
 JOINT LIFE INSURANCE

**AMOUNT REQUESTED:**                      **PURPOSE OF LOAN:**                      **NUMBER OF PAYMENTS**                      **COLLATERAL/CO-MAKER**

I WILL SECURE A LOAN BY ACTING AS A CO-MAKER FOR:

NAME (Last-First-Middle Initial)	ACCOUNT #	DATE OF BIRTH	# OF DEPENDENTS	SOCIAL SECURITY NUMBER
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STREET	CITY	STATE	ZIP CODE	HOME PHONE	CELL PHONE
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PREVIOUS ADDRESS (IF LESS THAN 2 YEARS)

EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE	SUPERVISOR NAME	YEARS OF SERVICE
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GROSS PAY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	ARE YOU LIABLE FOR ALIMONY, CHILD SUPPORT, OR MAINTENANCE PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO    AMOUNT PER MONTH: \$
	ARE YOU A CO-MAKER ON OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHO?

DO YOU HAVE ANY LEGAL PROCEEDINGS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHEN?	HAVE YOUR WAGES EVER BEEN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO    WHEN?
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OTHER INCOME—INCLUDING RENTAL INCOME / NOTICE: Alimony, Support, or Separate Maintenance income need NOT be revealed if you DO NOT CHOOSE to have it considered as a basis for Repayment of this loan. IS THIS INCOME LIKELY TO BE REDUCED BEFORE LOAN IS PAID OFF?  
SOURCE:                      AMOUNT:\$                      PER:                       YES    NO

PERSONAL REFERENCES (Complete Name)	RELATIONSHIP	ADDRESS	PHONE NUMBER
1. _____			
2. _____			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE NUMBER	
3. _____			

RENT            \$                      PER MONTH  
 MORTGAGE    \$                      PER MONTH                      NAME OF MORTGAGE COMPANY:

NAME OF CREDITOR	BALANCE	MONTHLY PAYMENT
_____	_____	_____
_____	_____	_____

ATTACH SEPARATE PAPER WITH ADDITIONAL DEBTS

I present this form truly and correctly stated to the best of my knowledge and for the purpose of obtaining credit from the Credit Union for the purpose of acting as co-maker for others. I authorize the Credit Union to make inquiries pertaining to my employment, my credit standing and financial responsibility through direct contact with my employer, through any credit reporting agency or through direct contact with my creditors.  
I HAVE NO OTHER DEBTS

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS SECTION FOR CREDIT UNION USE ONLY - DO NOT FILL IN BELOW THIS LINE**

C. U. LOAN BALANCE	APPROXIMATE MONTHLY PAYMENTS	SHARE BALANCE	LOAN NUMBER
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LOAN OFFICER: \_\_\_\_\_ APPROVED     
DATE: \_\_\_\_\_ DENIED     ADVERSE ACTION NOTICE ATTACHED