

HERITAGE SOUTH CREDIT UNION

P.O. Box 128
 Sylacauga, AL 35150
 Phone: (256) 245-4776

LOAN APPLICATION - CONSUMER

DATE	APPLICANT ACCOUNT NUMBER	OTHER APPLICANT ACCOUNT NUMBER
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Amount Requested _____	New Loan Account \$ _____	Add-On 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	AGE OF DEPENDENTS	MOTHER'S MAIDEN NAME	
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	AGE OF DEPENDENTS	MOTHER'S MAIDEN NAME	
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

