

CU USE ONLY
Acct. #
AFF -
Loan #
D.O.

Northwest Municipal Federal Credit Union
 1420 Miner Street, Suite #405
 Des Plaines, IL 60016
 Phone - 847/391-5369 Fax - 847/391-5479



ON-LINE
LINE OF CREDIT APPLICATION

CREDIT LIMIT : \$3,000 or \$5,000

Name _____ Date _____ E-Mail _____
 Home Address _____ City _____ County _____ State _____ Zip _____
 Drivers License # _____ Home Phone _____ Cell Phone _____
 S.S. # _____ Date of Birth _____ Length of time at present address _____

Payment Method - Choose One: Payroll Deduction Direct Debit From Checking Account Other

APPLICANTS STATEMENT OF INDEBTEDNESS

<u>TYPE OF DEBT</u>	<u>TO WHOM OWED</u>	<u>MONTHLY PAYMENT</u>	<u>TOTAL AMOUNT OWING</u>
Mortgage or Rent			
HEL			
Alimony / Child Support			
Credit Cards			
Loans			
NMFCU Loans			

Are you a co-signer, endorser or guarantor on any loan or contract not listed above? Yes _____ No _____
 If yes, for WHOM _____ Balance Due \$ _____
 To WHOM _____ Mo. Pay. Amt. \$ _____
 Have you ever had property foreclosed upon or repossessed in the last 7 years? Yes _____ No _____

Are there any unsatisfied judgments against you or are you a party in a lawsuit? Yes _____ No _____

If yes, for WHOM _____ Amount \$ _____

Have you been Bankrupt or filed for Chapter 13 debt consolidation? Yes _____ No _____

If yes, Where _____ Year _____

Employer Name _____ Business Phone _____

Employer Address _____ City _____ State _____ Zip _____

Date Employed _____ Your Position _____

Previous Employer if Employed Less Than 12 Months _____

PROOF OF INCOME REQUIRED WITH APPLICATION (2 most recent paystubs)

E-mail to info@mynmfcu.com OR fax to 847-391-5479

Net (take home) Monthly Salary \$ _____ Number of Dependents _____

Net Amount of Other Income \$ _____ Source of Other Income _____

Are you a U.S. Citizen or resident alien? Citizen _____ Resident _____ Marital Status _____

Ever applied/been granted credit under a different Name? Yes _____ No _____

Is any income in this section likely to be reduced before the credit requested will be paid off? Yes _____ No _____

(If yes, explain in detail on a separate sheet.)

Parent or Nearest Relative (not spouse)	Relationship	
Name		
Address	Phone Number	
Personal Reference – Name		
Address	Phone Number	
Bank Reference – Name	Checking	Savings
Address		

"I hereby affirm and represent that my total indebtedness on this date, both fixed and contingent, are listed above or attached. I further understand that I am obligated to pay costs and disbursements, including reasonable attorney's fees incurred by the Credit Union in legal proceedings to collect the loan or to realize on the security after default, and that you will retain this application whether or not it is approved. You are also authorized to review my credit and employment history for this application and periodically for the term of the loan."

FOR CREDIT COMMITTEE USE ONLY

Debt Ratio Before Loan _____ Debt Ratio After Loan _____ With / Without Additional Income

*****APPROVED*****

*****DISAPPROVED*****

CREDIT COMMITTEE COMMENTS: _____

Date reviewed: _____

() **JOINT APPLICANT**

() **CO-SIGNER**

TO THE NORTHWEST MUNICIPAL FEDERAL CREDIT UNION: I have read the foregoing application and I choose to become a joint applicant and/or co-signer with _____ for this loan. I will sign the note and/or security agreement and I understand the responsibility which is assumed by signing the note and/or security agreement.

Name _____ Date _____ E-Mail _____
Home Address _____ City _____ County _____ State _____ Zip _____
Drivers License # _____ Home Phone _____ Cell Phone _____
S.S. # _____ Date of Birth _____ Length of time at present address _____

JOINT APPLICANT / CO-SIGNER STATEMENT OF INDEBTEDNESS

TYPE OF DEBT	TO WHOM OWED	MONTHLY PAYMENT	TOTAL AMOUNT OWING
Mortgage or Rent			
HEL			
Alimony / Child Support			
Credit Cards			
Loans			
NMFCU Loans			

Are you a co-signer, endorser or guarantor on any loan or contract not listed above? Yes _____ No _____
If yes, for WHOM _____ Balance Due \$ _____
To WHOM _____ Mo. Pay. Amt. \$ _____
Have you ever had property foreclosed upon or repossessed in the last 7 years? Yes _____ No _____
Are there any unsatisfied judgments against you or are you a party in a lawsuit? Yes _____ No _____
If yes, for WHOM _____ Amount \$ _____
Have you been Bankrupt or filed for Chapter 13 debt consolidation? Yes _____ No _____
If yes, Where _____ Year _____
Employer Name _____ Business Phone _____
Employer Address _____ City _____ State _____ Zip _____
Date Employed _____ Your Position _____
Previous Employer if Employed Less Than 12 Months _____

PROOF OF INCOME REQUIRED WITH APPLICATION (2 most recent paystubs)

E-mail to info@mynmfcu.com OR fax to 847-391-5479

Net (take home) Monthly Salary \$ _____ Number of Dependents _____

Net Amount of Other Income \$ _____ Source of Other Income _____

Are you a U.S. Citizen or resident alien? Citizen ____ Resident ____ Marital Status _____

Ever applied/been granted credit under a different Name? Yes ____ No _____

Is any income in this section likely to be reduced before the credit requested will be paid off? Yes ____ No _____

(If yes, explain in detail on a separate sheet.)

Parent or Nearest Relative (not spouse) Name	Relationship	
Address	Phone Number	
Personal Reference – Name		
Address	Phone Number	
Bank Reference – Name	Checking	Savings
Address		

“I hereby affirm and represent that my total indebtedness on this date, both fixed and contingent, are listed above or attached. I further understand that I am obligated to pay costs and disbursements, including reasonable attorney’s fees incurred by the Credit Union in legal proceedings to collect the loan or to realize on the security after default, and that you will retain this application whether or not it is approved. You are also authorized to review my credit and employment history for this application and periodically for the term of the loan.”

FOR CREDIT COMMITTEE USE ONLY

Debt Ratio Before Loan _____ Debt Ratio After Loan _____ With / Without Additional Income

*****APPROVED*****

*****DISAPPROVED*****

CREDIT COMMITTEE COMMENTS: _____

Date reviewed: _____