Temple Inland Federal Credit Union
109 N. Temple • Diboll, TX 75941

LOAN APPLICATION

MEMBER INFO

Employer _____ **DOE**_____

Email_____

RS _____ **CR Date**_____

Rev Bal _____ Rev Ratio_____

SSN _____ DOB_____

DR _____

JOINT INFO

Employer _____ **DOE**_____

Email_____

RS _____ **CR Date**_____

Rev Bal _____ Rev Ratio_____

SSN _____ DOB_____

PR Deduction $ _____

Transfer Pmt from Acct # $ _____

Deducation for ❑ Cash ❑ Payroll

ACCT#_____ LN#_____

NAME (print or type)_____

MBR CELL _____ JT CELL_____

Cash Wanted	$_____
Old Loan Balance	$_____
Interest.....	$_____
.....	$_____
Cr Dis. Ins	$_____
Cr Life Ins	$_____
GAP Ins	$_____
Total New Loan.....	$_____

OTHER CU LOANS		
Number	Balance	Payment
Monthly Transfers:		

I request a loan of $_____ to be repaid in _____ monthly installments of $_____ each beginning _____

I will use this loan to: _____

Collateral offered: _____

_____

NOTICE: Income from alimony, child support, or maintenance payments need NOT be revealed if you so choose.

Sources of Income	Monthly Amount	Are you a co-maker or accommodation party on any debts?_____ If yes, give details below. Have you ever been adjudicated bankrupt? _____ If yes, give date and location below:
Member's Salary:		
Spouse's Salary:		
Other (specify):		

DEBTS: Rent ❑ Buying ❑ Own ❑	Name and Location of Creditors	Unpaid Balance	Monthly Payment
Residence			
Date of Residence			
Vehicles - RV's - Boats - ATV's			
Charge accounts, credit cards, doctors, insurance companies, banks, finance companies, personal loans, etc.			

UNPAID BALANCE	MONTHLY PAYMENT			

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that an investigative consumer report may be requested in connection with this application.

DATE BORROWER CO-BORROWER

❑ Credit Committee

❑ Loan Officer

❑ Approved as requested. Comments on collateral shown below.

❑ Board

❑ Approved subject to conditions and modifications shown below.

❑ Rejected for reason shown below.

Date	Signature	Signature	Signature
	Signature	Signature	Signature
	Signature	Signature	Signature