



230 W. Monroe Street, Suite 2850  
 Chicago, IL 60606-4902  
 888.328.8677 Fax 312.853.0588  
 www.fnacu.org

# CONSUMER LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	SOCIAL SECURITY NUMBER - APPLICANT	DATE
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<b>Applicant Information</b> PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant 3. Definitions: Whenever used in this application the words You and Your refer to the Applicant(s) or Spouse/Co-Applicant and the words We, Us, and Our refer to the Lender.	<b>Spouse/Co-Applicant Information</b> 4. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).
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**TYPE OF CREDIT APPLYING FOR:**

<input type="checkbox"/> New Vehicle	<input type="checkbox"/> Visa Platinum Premier	<input type="checkbox"/> CD / Share Secured
<input type="checkbox"/> Used Vehicle	<input type="checkbox"/> Visa Platinum	<input type="checkbox"/> Stock Secured
<input type="checkbox"/> New or Used Boat/RV	<input type="checkbox"/> Visa Classic	<input type="checkbox"/> Other _____
<input type="checkbox"/> New or Used Motorcycle		

Fax your loan request to 312-853-0588 or mail to First Northern Credit Union, Attn: Financial Services, 230 W Monroe Street, Suite 2850, Chicago, IL 60606.

**APPLICANT**

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
DO YOU: RENT, OWN, OR LIVE WITH PARENTS/RELATIVES?	HOME TELEPHONE	NO. OF DEPENDENTS/AGES OF DEPENDENTS

**SPOUSE**  **CO-APPLICANT (See Information above)**

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
DO YOU: RENT, OWN, OR LIVE WITH PARENTS/RELATIVES?	HOME TELEPHONE	NO. OF DEPENDENTS/AGES OF DEPENDENTS

**EMPLOYMENT AND INCOME** If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
	MO. GROSS SALARY
	\$
FORMER EMPLOYER (IF LESS THAN 2 YEARS)	POSITION
	YEARS THERE
OTHER INCOME SOURCE* (e.g. rental income, 2nd job)	MONTHLY AMOUNT
	\$
OTHER INCOME SOURCE* (e.g. rental income, 2nd job)	MONTHLY AMOUNT
	\$

CURRENT EMPLOYER	EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION
	MO. GROSS SALARY
	\$
FORMER EMPLOYER (IF LESS THAN 2 YEARS)	POSITION
	YEARS THERE
OTHER INCOME SOURCE* (e.g. rental income, 2nd job)	MONTHLY AMOUNT
	\$
OTHER INCOME SOURCE* (e.g. rental income, 2nd job)	MONTHLY AMOUNT
	\$

\*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME	INTEREST RATE	APPROX. BAL.
PRIMARY RESIDENCE - OWNED	MARKET VALUE		
	\$		
OTHER REAL ESTATE - OWNED	MARKET VALUE		
	\$		

TYPE	BANK (OR OTHER) NAME	INTEREST RATE	APPROX. BAL.
PRIMARY RESIDENCE - OWNED	MARKET VALUE		
	\$		
OTHER REAL ESTATE - OWNED	MARKET VALUE		
	\$		

**CREDIT INFORMATION:** Please list all open accounts. Attach separate sheet if necessary.

<b>NAME OF CREDITOR</b> List all obligations including Credit Union Loans	<b>MONTHLY PAYMENTS</b>	<b>BALANCE OWED</b>
<b>TOTALS</b>	\$	\$

**SIGNATURES**

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
APPLICANT'S INITIALS                      CO-APPLICANT'S INITIALS

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE                      SIGNATURE OF SPOUSE / CO-APPLICANT                      DATE