

PO BOX 3637  
 CHAMPAIGN IL 61826  
 (217) 398-6086

CHAMPAIGN POSTAL CREDIT UNION  
**CREDIT APPLICATION**

DATE \_\_\_\_\_  
 MEMBER # \_\_\_\_\_  
 APPROVED \_\_\_\_\_ DECLINED \_\_\_\_\_

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**SUPPORTING DOCUMENTATION** This application will not be considered until all applicants have submitted one or both of the following:

- Copies of recent paystubs       Copies of recent bank statements       Other (specify) \_\_\_\_\_

<b>REQUEST</b>	<b>Amount</b> _____	<b>Collateral - circle one:</b>	Secured	Unsecured
	<b># Months</b> _____	<b>Borrowers - circle one:</b>	Individual	Joint
	<b>Purpose of Loan</b> _____			

**INDIVIDUAL APPLICANT INFORMATION**

Name	Social Security #	Birthdate
Address	City	Zip
	Rent	Own
Home Phone	Cell Phone	Work Phone
Employer	Job Title	How Long?
Salary	How often Paid - circle one:	Bi-weekly    2x / Month    Monthly    Weekly
Other Income	Source	Circle One: Court-Ordered / Written / Oral Understanding

(Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)

Is any income listed in this Section likely to be reduced before the credit is paid off?    Yes    or    No    When? \_\_\_\_\_

**JOINT APPLICANT INFORMATION**

Name	Social Security #	Birthdate
Address	City	Zip
	Rent	Own
Home Phone	Cell Phone	Work Phone
Employer	Job Title	How Long?
Salary	How often Paid - circle one:	Bi-weekly    2x / Month    Monthly    Weekly
Other Income	Source	Circle One: Court-Ordered / Written / Oral Understanding

(Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)

Is any income listed in this Section likely to be reduced before the credit is paid off?    Yes    or    No    When? \_\_\_\_\_

**DEPOSIT ACCOUNTS AND OUTSTANDING DEBT - ALL APPLICANTS (attach separate sheet if necessary)**

Account Type	Individual / Joint	Financial Institution or Creditor	Date Opened	Original Balance	Current Balance	Monthly Payment
Checking Account						
Checking or Savings Account						
Rent						
Credit Card						
CREDIT CARD						
<b>Totals</b>						

