

Down East Credit Union

23 Third Avenue • P.O. Box 130 • Baileyville, Maine 04694 • (207) 427-3333 • FAX (207) 427-3808

Requested Amount \$ _____	Requested Term: _____	Purpose of Loan: _____
Year _____	Make _____	Model _____ Mileage _____
Complete for secured credit or if you live in a community property state <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		Complete for secured credit or if you live in a community property state <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)

Life Insurance Joint Life Disability Insurance

APPLICANT			
FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY #	DRIVER'S LICENSE #	BIRTHDATE	
HOME PHONE NUMBER	NO. OF DEP.	AGE OF DEPENDENTS	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE
MAILING ADDRESS (if different than above)			
CITY	STATE	ZIP	

CO-APPLICANT			
FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY #	DRIVER'S LICENSE #	BIRTHDATE	
HOME PHONE NUMBER	NO. OF DEP.	AGE OF DEPENDENTS	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE
MAILING ADDRESS (if different than above)			
CITY	STATE	ZIP	

EMPLOYMENT AND INCOME			
CURRENT EMPLOYER	HIRE DATE		
STREET ADDRESS			
CITY	STATE	ZIP	WORK PHONE NUMBER
POSITION	MONTHLY GROSS INCOME \$		
OTHER INCOME MONTHLY			

EMPLOYMENT AND INCOME			
CURRENT EMPLOYER	HIRE DATE		
STREET ADDRESS			
CITY	STATE	ZIP	WORK PHONE NUMBER
POSITION	MONTHLY GROSS INCOME \$		
OTHER INCOME MONTHLY			

Rent/Mortgage thru _____ Payment _____

Rent/Mortgage thru _____ Payment _____

REFERENCE		
NAME _____	ADDRESS _____	PHONE NUMBER _____
(REFERENCE NOT LIVING WITH YOU)		

You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about their credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. You agree to fully insure any collateral offered against loss and damage. You may obtain this insurance through any insurance company of your choice, unless the Credit Union, for good cause, refuses to accept it. NOTICE: Consumer reports (credit reports) may be obtained in connection with this application. If you request, 1) you will be informed whether or not consumer reports were obtained; and 2) if reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

APPLICANT'S SIGNATURE X _____	(Seal)	DATE
CO-APPLICANT'S SIGNATURE X _____	(Seal)	DATE