

Loan Applicant's Checklist

- □ Completed Loan Application
- □ Complete legal description or bill of sale of property to be financed
- □ In the case of refinancing, the name, address, and telephone number of the current financing entity and copy of current installment loan contract.
- □ Copy of insurance card with agent's name, address, and telephone number.
- □ Employment Verification

Please return completed loan checklist items to the Mount Olive Baptist Church Federal Credit Union.







EMPLOYMENT VERIFICATION FORM

Ι,	hereby authorize						
	(employer) to release employment verification on me.						
My current position:							
My current salary:							
Member Signature:	Date:						
Personnel / Supervisor							
Signature:	Date:						

Mount Olive Baptist Church Federal Credit Union





LOANLINER.

Application

Joint Credit: Each Applicant r box. Guarantor: Complete the Othe LOANLINER Account/Loan (Including ATM/Debit Card Ac Amount Requested \$ Purpose/Collateral: Repayment: Payroll Deduc PAYMENT PROTECTION A If	omplete the Applica pledged as collatera count, or ouse's income as a n to the extent poss must individually co er section if you are : Individual ccess to the Account ction Cash re you interested you answer " rotection is volu	Int section about yourself an al is located in a community basis for repayment. If you ible about the person on wh mplete the appropriate secti a guarantor on an account/ Joint Int if Available) Military Allotment	property state (are relying on ir ose payments y on below. If Co loan. Automatic Paym otected?	AK, AZ, CĂ, I ncome from al rou are relying -Borrower is s -Borrower is s	D, LA, N limony, c spouse of to prote	M, NV, TX, hild support f the Applic ect your for your	ant, mark	ate maintenance, the Co-Applicant
	overea, you will	need to sign a separate		nat explains				
APPLICANT			-			APPLICANT 🗌 SPOUS		
NAME			NAME					
PASSWORD	ACCOUNT NUME	BER	PASSWORD			ACCOUNT NU	MBER	
SOCIAL SECURITY NUMBER	DCIAL SECURITY NUMBER DRIVER'S LICENS		SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMB		R/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS		AGES OF DEPEND	DENTS		EMAIL ADDRE	SS	
BIRTH DATE HOME PHONE	BUSINESS	PHONE/EXT.	BIRTH DATE	HOME PHON	IE	BUSINES	S PHONE/EX	Τ.
PRESENT ADDRESS (Street - City - State - Zip)			PRESENT ADDRESS (Street - City - State - Zip)					
PREVIOUS ADDRESS (Street - City - St	OWN RENT	PREVIOUS ADDR	ESS (Street - City	- State - Zip)		RENT AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECUR PROPERTY STATE:	RED CREDIT OR IF YOU L	IVE IN A COMMUNITY	COMPLETE FOR S PROPERTY STAT	Joint Credit, Se E:	CURED CRE	dit or if you	LIVE IN A CO	OMMUNITY
MARRIED SEPARATED U	NMARRIED (Single - Divo	rced - Widowed)	MARRIED	SEPARATED	UNMARR	IED (Single - Di	vorced - Wide	owed)
EMPLOYMENT/INCOME NAME AND ADDRESS OF EMPLOYER			EMPLOYMEN NAME AND ADDRESS OF EMPLOYER	IT/INCOME				
TITLE/GRADE	START DATE	HOURS AT WORK	TITLE/GRADE		STAR	DATE	HOURS	AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TY	PE OF BUSINESS	SUPERVISOR'S N	AMF	IF SFL	F EMPLOYED,		INFSS
						2.0.1 20120,		
NOTICE: ALIMONY, CHILD SUPPORT, REVEALED IF YOU DO NOT CHOOSE T				y, child suppo U do not choos				ICOME NEED NOT BE
EMPLOYMENT INCOME	OTHER INCOME		EMPLOYMENT IN	_		OTHER INCOM		
\$ Per	\\$	Per	\$	Per		\$	Per _	
NET GROSS MILITARY: IS DUTY STATION TRANSF				GROSS			NEVT VEAD	
WHERE		EXT YEAR? YES NO	WHERE	TT STATION TRA	NOFER EAPE		S/SEPARATIC	
PREVIOUS EMPLOYER NAME AND ADI FIVE YEARS	DRESS IF EMPLOYED LES	S THAN STARTING DATE	Previous Emplo Five Years	OYER NAME AND	ADDRESS IF	EMPLOYED L	ESS THAN	STARTING DATE
		ENDING DATE						ENDING DATE
REFERENCE		RELATIONSHIP	REFERENCE					RELATIONSHIP
NAME AND ADDRESS OF NEAREST RE	LATIVE NOT LIVING WIT	H YOU HOME PHONE	NAME AND ADD	RESS OF NEAREST	relative	NOT LIVING W	'ITH YOU	HOME PHONE

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)				INTEREST RATE	PRESENT BALANCE				OWED APPLICANT		
							\$		\$			
							\$		\$			
							\$		\$			
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							\$		\$			
LIST ANY NAMES UNDER WHIC	CH YOUR CREDIT REFERENC	ES AND CREDIT	HISTORY CAN BE CHE	ECKED:		TOTALS	\$					
WHAT YOU OWN			Y OR FINANCIAL INSTI	TUTION	a	MARKET VALUE FC			DGED AS COLLATERAL OR ANOTHER LOAN		OWNED	
										APPLICANT	OTHER	
						\$		Y		NO		
						\$ \$		Y		NO NO		
						3 \$		Y		NO		
						\$		Y		NO		
						\$		Y	S	NO		
						\$		Y	S	NO		
						\$		Y	S	NO		
		1				\$		Y	S	NO		
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?												
STATE LAW NOTICES OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit upon request. The Ohio Civil Rights Commission administers compliance with this law.												
WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union SIGNATURE I						FOR WISCONSIN RESIDENTS ONLY					DATE	
			SIGN	ATUR	RES							
You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit												
X		(SEA	AL)		X					(SEA	L)	
APPLICANT'S SIGNATURE		(32)	DATE	∎⊔	THER SIGNAT	URE				(02/1	DATE	
			FOR CREDI	T UNI	ON USE C	ONLY						
DATE		APPROVED SIG	GNATURE		OF CREDIT	OTHER		OTHER			DEBT RATIO/	SCORF
DE		IMITS: \$		\$		\$		\$				AFTER
LOAN OFFICER COMMENTS:												
SIGNATURES: X				x								
			DATE								DATE	