

its Easy



Loan Application Forms and Instructions

Sign and Bring, Fax or
Mail your completed
loan application forms
to:

Louisville Medical Center Federal Credit Union

234 East Gray Street, Suite 130
Louisville, Kentucky 40202-1907

Telephone: 502-629-3716

Fax: 502-629-3715

Application Instructions

***Please Print These Pages, read carefully, sign and return with
your loan applicaiton.***

Please Note:

**We need a copy of your
most recent paycheck stub
to verify your employment
and income.**

**Please include this with
your application forms.**

Thank you for applying for a loan with your Credit Union. For your application to be promptly processed, we need a completed loan application form and verification of your employment and income. Your assistance in providing complete information will help us avoid processing delays.

On the second page of the application form you are asked to list all your outstanding debts. This includes rent/mortgage, auto loans, Credit Union loans, all credit cards, doctor bills, finance companies, banks, lines-of-credit, tax bills, attorneys, and collection accounts, etc. *You should list each debt you have individually and all debts you have signed for another person (including your spouse.)* Please indicate if some of your credit is in another name. If applying for an auto loan and you have already picked out your car, please attach a copy of the purchase order. If you have any questions or need additional information, please call our Loan Department at 502-629-3716.

A credit investigation will be made based on the information you provide. Please allow us 24 hours to process your application. You may call our office to see if your loan is approved and we will make an appointment for you to come in, sign the papers and pick up your check(s). ***Your interest rate and payment amount will be determined when your loan is approved. Actual interest rates are based on your credit score. If you are not repaying through automatic payment, the rate will be 1% higher.***

LMedFCU.org
502-629-3716

I have read and understand the above information.

Signature: _____ Date: _____



Louisville Medical Center Federal Credit Union

234 East Gray Street, Suite 130 (Medical Towers South)

Louisville, KY 40202-1907

(502) 629-3716 Fax: (502) 629-3715

www.LMedFCU.org

LOANLINER.

Application

A table that includes the APRs and other required cost disclosures for credit card applications is on a separate document provided with this application.

HOW TO APPLY

- Please complete front and back of application
- Return completed application to credit union
- Sign on back page
- An incomplete or unsigned application may delay processing

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

<input type="checkbox"/> LOANLINER® Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (Including ATM/Debit Card Access to the Account if Available)	<input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (See Disclosure Table or Agreement for Terms)
Amount Requested \$ _____	Credit Limit Requested \$ _____
Purpose/Collateral: _____	If Authorized User, Name: _____
Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment	

Payment Protection	<input type="checkbox"/> Single Credit Disability Insurance <input type="checkbox"/> Single Credit Life Insurance <input type="checkbox"/> Joint Credit Life Insurance	Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.
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Applicant	<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor
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NAME (Last - First - Initial)	MOTHER'S MAIDEN NAME	NAME (Last - First - Initial)	MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self)
BIRTH DATE	HOME PHONE	BIRTH DATE	HOME PHONE
	BUSINESS PHONE/ EXT.		BUSINESS PHONE/ EXT.
E-MAIL ADDRESS		E-MAIL ADDRESS	
PRESENT ADDRESS (Street - City - State - Zip)		PRESENT ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
YEARS AT THIS ADDRESS		YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip)		PREVIOUS ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
YEARS AT THIS ADDRESS		YEARS AT THIS ADDRESS	
COMPLETE FOR JOINT CREDIT, 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)			
Employment/Income			
NAME AND ADDRESS OF EMPLOYER			
TITLE/GRADE	START DATE	HOURS AT WORK	
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED			
EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ PER _____		\$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		<input type="checkbox"/> NET <input type="checkbox"/> GROSS	
SOURCE		SOURCE	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE		ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE	
		ENDING DATE	

