

Date & Time: \_\_\_\_\_ Ticket# \_\_\_\_\_

Type of Loan & Amount: \_\_\_\_\_ \$: \_\_\_\_\_

**Purpose/Use of Funds:**

- Bill Consolidation
- Pay taxes
- Vacation/Travel
- Purchase Vehicle: New Used Pre-approval (check one)
- Refinance Vehicle to: Lower Rate Lower Payment (check one)
- Other \_\_\_\_\_
- Medical Expenses
- Moving Expenses

**Personal Data:**

Member #: \_\_\_\_\_ (or) SS#: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Other #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

MMN: \_\_\_\_\_ D/Lic #: \_\_\_\_\_

Email: \_\_\_\_\_ TSP Loan  yes or  no \$ \_\_\_\_\_

Repayment \$ \_\_\_\_\_ per pay period

**Address Data:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rent  Own  \$ \_\_\_\_\_ Do you Share rent or mortgage?  YES  NO

If home is paid off, what was the amount paid for property tax?: \$ \_\_\_\_\_

If homeowner, estimated value of property: \$ \_\_\_\_\_

If at Current Address Less than three (3) years, please provide full previous address:

(Required): \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ (dates)

**Employment Data:** (Need proof of ALL income: current pay stub or if VA employee call payroll)

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Gross: \_\_\_\_\_ Frequency: \_\_\_\_\_

Title: \_\_\_\_\_ F/T (or) P/T: \_\_\_\_\_

Additional Income\*/Source: \_\_\_\_\_

Additional Income\* Frequency: \_\_\_\_\_

**\*NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for this credit request**

**Member Name:** \_\_\_\_\_

**Member #:** \_\_\_\_\_

**References:**

**NOTE: AT LEAST TWO REFERENCES ARE REQUIRED**  
**Need at least one relative who does not live with you**  
**You will be notified if we require all four references**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

I certify that the information submitted on this application is true and correct to the best of my knowledge. I understand that VA Desert Pacific FCU will rely upon this information in deciding whether or not to grant me credit. I authorize the credit union, its employees, and agents to investigate and verify any information provided by me.

**Member Signature:**

**Date:**