



3901 Rainbow Blvd
 Kansas City, KS 66160
 (913) 588-5382 Phone
 (913) 588-5383 Fax

12510 W 62nd Terr #104
 Shawnee, KS 66216
 (913) 962-8144 Phone
 (913) 962-8155 Fax

LOAN APPLICATION

Type of Loan Requested: Personal (Signature) Share Secured Auto Overdraft Other: _____

Amount	Term	Credit Life Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll Deduct <input type="checkbox"/> Yes <input type="checkbox"/> No
--------	------	---------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

BORROWER

CO-BORROWER

Name			Name		
Account #	SS #		Account #	SS #	
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Cell		Home Phone	Cell	
Work Phone			Work Phone		

EMPLOYMENT INFORMATION

Employer			Employer		
Gross Income	Start Date		Gross Income	Start Date	
Other Income	Source		Other Income	Source	

REFERENCE (Relative)

REFERENCES (Non-Relative)

Name		Relationship	Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		

LIABILITIES *(If more space required, please list on back of page)*

Name of Creditor	Type	Payment	Balance
	Rent/Mortgage		

AUTHORIZATION

I certify that statements on this application are true and complete. I hereby authorize KUMC Credit Union (lender) to verify my past and present employment records, bank accounts, stock holdings, as well as any and all asset balances that are needed to process my loan application. I further authorize KUMC Credit Union to order a consumer credit report and verify other credit references. It is understood that a photocopy of the form will also serve as adequate authorization. The information the lender obtains is only to be used in the processing of my loan application for a consumer loan.

 Borrower's Signature

 Date

 Co-Borrower's Signature

 Date