



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	Payroll Deduct <input type="checkbox"/> Yes <input type="checkbox"/> No
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### BORROWER

### CO-BORROWER

Name		Date of Birth		Name		Date of Birth	
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