



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 REQUEST

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

Amount

Term

Credit Life Ins. \_\_\_\_ Yes \_\_\_\_ No  
Credit Disability \_\_\_\_ Yes \_\_\_\_ No

Payroll Deduct \_\_\_\_ Yes \_\_\_\_ 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 request 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 request. 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 request for a consumer loan.*

Borrower's Signature

Date

Co-Borrower's Signature

Date