



3901 Rainbow Blvd, MS 2021
Kansas City, KS 66160
(913) 588-5381 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	Payroll Deduct ____ Yes ____ No
--------	------	-----------------------------------	---------------------------------

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 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 _____