Note No Penn Wilco Fede	eral Credit Union Account No Soc. Sec. No
APPLICATIO	N FOR LOAN
I,, hereby apply for a loan monthly/ installments of \$ each included in this loan for the following purpose (combine fulls):	of \$ for a period of months, to be repaid in ding interest. I prefer the first payment to fall due on
I desire this loan for the following purpose (explain fully):	
Co-makers or security offered (if any):	and complete and submitted for the purpose of obtaining credit. I have not ment history and to answer questions about its experience with me.  Address
Date Signature of Applicant	City State
This information, including appropriate signature(s), is to be filled in by e this application.  On , 20 , I/We approved a loan in the amount are	
On, 20, I/We approved a loan in the amount an (list any changes in amount, terms, or conditions):	
Approved by CREDIT COMMITTEE	Approved by LOAN OFFICER
(All committee members shown as present in the minutes of the meeting a this application was approved must sign above.)	at which
APPLICANT'S STATEMENT	CO-MAKER'S STATEMENT
I am indebted to the following creditors (list all debts such as doctor bills, installments, loans, real estate mortgages, etc. Attach additional sheet if necessary.):  CREDITOR MO. PAYMENT AMT. OWING  Mortgage	NAME OF CO-MAKER ADDRESS  I am indebted to the following creditors (list all debts such as doctor bills, installments, loans, real estate mortgages, etc. Attach additional sheet if necessary.):
Home Equity	CREDITOR MO. PAYMENT AMT. OWING
Auto	Mortgage
Auto	Home EquityAuto
Other	Auto
	Other
Employed By Address	Employed By Address
Years Employed Position	Years Employed Position
Salary (Gross Without Overtime) Business Phone	Salary (Gross Without Overtime)  Business Phone  per
\$per	Date of Birth Number of Dependents Home Phone (exclude self)
Auto(s) Owned Make Year Model	Auto(s) Owned Make Year Model
Market Value Own Residence \$ Rent Residence \$	Own Residence \$ Rent Residence \$

Other Income

Date

Relation to Applicant (if any) \_\_\_\_\_\_\_
Social Security Number \_\_\_\_\_\_
I certify that the above statements are true and complete.

Signature of Co-Maker

Other Pertinent Information

Other Income