

RIVER COMMUNITY CREDIT UNION
 644 W SECOND ST
 OTTUMWA IA 52501
 641-684-6302 FAX: 641-684-7921
 888-647-6744

Loan Application (STANDARD)

ACCOUNT NUMBER

Married persons may apply for an individual account.

IMPORTANT: READ THIS SECTION CAREFULLY BEFORE CHECKING THE APPROPRIATE BOX(ES).

INDIVIDUAL CREDIT. Complete sections A, C and D. Complete information about your spouse (section B) if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if your spouse will use the Account, or information about the person making payments if you are relying on alimony, spousal support, child support or separate maintenance as a basis for repayment of the credit requested.

JOINT CREDIT. Complete all sections with information about you and your Other Applicant.

This account is to be an: INDIVIDUAL CREDIT JOINT CREDIT CO-MAKER

LOAN REQUEST

REQUESTED AMOUNT: \$ _____

DATE REQUESTED: _____

LOAN PURPOSE: _____

A. BORROWER		SOC. SEC. NO.
NAME (Last, Jr/Sr, First, Initial)		
CURRENT STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
FORMER STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
HOME PHONE NO.	DRIVERS LICENSE NO.	STATE
DATE OF BIRTH	Complete for joint, secured credit or if you live in a community property state <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	No. of Dependents (Excluding Self)

B. CO-MAKER/NON-APPLICANT CO-BORROWER		SOC. SEC. NO.
NAME (Last, Jr/Sr, First, Initial)		
CURRENT STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
FORMER STREET ADDRESS	YRS	OWN/RENT
CITY	STATE	ZIP COUNTRY
HOME PHONE NO.	DRIVERS LICENSE NO.	STATE
DATE OF BIRTH	Complete for joint, secured credit or if you live in a community property state <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	No. of Dependents (Excluding Self)

A. BORROWER			
EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	MO.	SALARY
		\$	
FORMER EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	ENDING DATE	

B. CO-MAKER/NON-APPLICANT CO-BORROWER			
EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	MO.	SALARY
FORMER EMPLOYER			
ADDRESS		CITY	STATE
POSITION OR JOB TITLE	SUPERVISOR		
TELEPHONE NO.	STARTING DATE	ENDING DATE	

OTHER INCOME - YOU NEED NOT LIST INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE UNLESS YOU WISH IT CONSIDERED FOR PURPOSES OF GRANTING THIS CREDIT.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
TYPE OF OTHER INCOME	MONTHLY AMOUNT
IS ANY INCOME LIKELY TO BE REDUCED BEFORE THE CREDIT REQUESTED IS PAID OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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