



Health Alliance
Federal Credit Union
In Service to the Community

Please attach two current pay stubs.

Insurance Available on Loan---Check if desired:
 ___ Disability ___ Life ___ GAP

230 Highland Avenue, Somerville, MA 02143
 617-591-6709,6710 Fax: 617-591-6711

LOAN APPLICATION

I hereby make application for a loan of \$ _____ for a period of _____ months.

Purpose _____

If loan is for a motor vehicle, indicate year _____ Make _____ Model _____ Mileage _____ Price \$ _____

NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

ADDRESS _____ STREET _____ HOW LONG? _____ HOME TELEPHONE _____

Town _____ ZIP CODE _____ CELL PHONE _____

PREVIOUS ADDRESS (If at present address less than 5 years list previous addresses below) _____ HOW LONG? _____

EMPLOYER _____ HOW LONG? _____ POSITION _____

DEPT. _____ EXTENSION _____ SUPERVISOR _____ MONTHLY/WEEKLY GROSS INC. \$ _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ POSITION _____

SOURCE OF OTHER INCOME FROM SALARY, WAGES OR INVESTMENTS _____ AMOUNT \$ _____

Alimony, child support, or separated maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

NAME OF BANK HOLDING MORTGAGE ON HOME _____ ACCOUNT NUMBER _____ IN WHOSE NAME _____

| MARKET VALUE | TAXES ON CURRENT YR | ORIG. AMT. MORTGAGE | BALANCE | PAYMENT |
|--------------|---------------------|---------------------|----------|----------|
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

IF RENTING NAME OF LANDLORD _____ MONTHLY RENT \$ _____

LIST ALL DEBT AND/OR CREDIT REFERENCES. FAILURE TO LIST OUTSTANDING LOANS MAY DISQUALIFY REQUEST.

| TO WHOM OWED | ACCOUNT NO. | ORIG. AMT. | UNPAID BALANCE | PAYMENT AMT. |
|--------------|-------------|------------|----------------|--------------|
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ |

NAME AND ADDRESS OF _____ NEAREST RELATIVE (Not Spouse) _____ RELATIONSHIP _____ PHONE _____

Have you any judgements, garnishments, or legal proceedings against you? _____ If yes, please explain _____

Have you ever been through bankruptcy? _____ Year _____ Amount \$ _____

Are you a co-maker/guarantor on any other loan? _____ Amount \$ _____ If so, for whom? _____

The statement herein are made for the purpose of obtaining the loan, and are true. I understand that failure to list any outstanding debt may disqualify the request. I hereby authorize the Health Alliance Federal Credit Union or any credit bureau or other investigative agency employed by the Credit Union, to legally investigate any references herein listed or statements or other data pertaining to my credit and financial responsibility.

SIGNATURE _____ DATE _____