



LOAN APPLICATION

MEMBER/BORROWER

Name _____
 Address _____
 City, State, Zip _____
 Home Phone # _____
 Cell # _____ DOB _____
 SSN _____
 Employer _____
 Phone # _____
 Date of Hire _____
 Hourly \$ _____ Monthly Gross \$ _____

CO-BORROWER

Name _____
 SSN _____
 Cell # _____ DOB _____
 Employer _____
 Phone # _____
 Date of Hire _____
 Hourly \$ _____ Monthly Gross \$ _____

OTHER INCOME

Source _____ Amount \$ _____

New Payment \$ _____ Total Payments \$ _____

TOTAL MONTHLY INCOME \$ _____

Have you ever declared bankruptcy? No Yes Year _____ Reason _____

I/We wish to apply for \$ _____ for the purpose of _____

I/We would like the payment due on the _____ day of the month. Automatic Pmt _____ Coupons _____

I/We certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I/We understand that CWPCU will retain this application whether or not this loan is granted. I/We authorize CWPCU to check my/our credit and employment history. I/We also authorize CWPCU to give its credit experience with me/us to others.

MEMBER SIGNATURE _____ DATE _____

CO-BORROWER SIGNATURE _____ DATE _____

CREDITOR	PAYMENT	BALANCE
_____	\$ _____	\$ _____
Mtge./Rent/Contract for Deed		
_____	\$ _____	\$ _____
Home Equity or Imp./Lot Rent		
_____	\$ _____	\$ _____
Vehicle		
_____	\$ _____	\$ _____
Vehicle		
_____	\$ _____	\$ _____
Credit Card		
_____	\$ _____	\$ _____
Credit Card		
_____	\$ _____	\$ _____
Credit Card		
_____	\$ _____	\$ _____
Student Loan		
_____	\$ _____	\$ _____
Medical/Dental		
_____	\$ _____	\$ _____
Child Support/Alimony		

TOTAL \$ _____

Please mail application to CWPCU, PO Box, 962, Brainerd, MN 56401 or fax to 218-822-2678.