



T&I Credit Union
 600 N. Main Street
 Clawson, MI 48017
 (248) 588-6688 Fax (248) 588-6437

Personal & Credit Information

Your T&I Credit Union Account Number

Please Print or Type

If you are applying for credit in your name only, do not complete portion on co-applicant.
 THIS CREDIT APPLICATION IS FOR: INDIVIDUAL ACCOUNT JOINT ACCOUNT

APPLICANT NAME (LAST-FIRST-MIDDLE)				CO-APPLICANT NAME (LAST-FIRST-MIDDLE)			
HOME ADDRESS (STREET & NO)			HOW LONG?	HOME ADDRESS (STREET & NO)			HOW LONG?
CITY - STATE - ZIP				CITY - STATE - ZIP			
PREVIOUS HOME ADDRESS				PREVIOUS HOME ADDRESS			
HOME PHONE NO.		BIRTHDATE	NO. OF DEPENDENTS	HOME PHONE NO.		BIRTHDATE	NO. OF DEPENDENTS
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. AND STATE		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. AND STATE	
BUSINESS PHONE NO.		GROSS ANNUAL INCOME \$	GROSS MONTHLY PAY \$	BUSINESS PHONE NO.		GROSS ANNUAL INCOME \$	GROSS MONTHLY PAY \$
OTHER INCOME (EXCLUDE ALIMONY, CHILD SUPPORT, MAINTENANCE PAYMENTS) \$ SOURCE				OTHER INCOME (EXCLUDE ALIMONY, CHILD SUPPORT, MAINTENANCE PAYMENTS) \$ SOURCE			
EMPLOYER			HOW LONG?	EMPLOYER			HOW LONG?
BUSINESS ADDRESS				BUSINESS ADDRESS			
POSITION		I AM <input type="checkbox"/> NOW WORKING <input type="checkbox"/> ON SICK LEAVE <input type="checkbox"/> LAID OFF <input type="checkbox"/> RETIRED - <input type="checkbox"/> Normal <input type="checkbox"/> Disability	POSITION		I AM <input type="checkbox"/> NOW WORKING <input type="checkbox"/> ON SICK LEAVE <input type="checkbox"/> LAID OFF <input type="checkbox"/> RETIRED - <input type="checkbox"/> Normal <input type="checkbox"/> Disability	POSITION	
PREVIOUS EMPLOYER		POSITION	HOW LONG?	PREVIOUS EMPLOYER		POSITION	HOW LONG?
PREVIOUS BUSINESS ADDRESS				PREVIOUS BUSINESS ADDRESS			

YOU ARE NOT REQUIRED TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE; BUT, IF YOU WANT IT CONSIDERED IN CONNECTION WITH THIS APPLICATION, COMPLETE THE FOLLOWING:		IF YOU ARE RELYING ON YOUR SPOUSES'S INCOME AS A BASIS FOR REPAYMENT, COMPLETE THE FOLLOWING:	
\$ PAYOR	<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE	SPOUSE'S NAME	EMPLOYED BY
HOW LONG HAVE PAYMENTS BEEN MADE?		ARE PAYMENTS UP-TO-DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE EMPLOYED
			MONTHLY INCOME \$

STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES (THIS SECTION MUST BE ANSWERED)

OWED TO	INTEREST RATE	VALUE	SECURITY	BALANCE	MO. PAYMENTS
MORTGAGE OR RENT				\$	\$
AUTO LOAN OR LEASE				\$	\$
CREDIT UNION				\$	\$
CREDIT CARD				\$	\$
CREDIT CARD				\$	\$
CHILD SUPPORT, ALIMONY OR MAINTENANCE				\$	\$
OTHER				\$	\$
ATTACH ADDITIONAL LISTING IF NECESSARY				\$	\$

HOME <input type="checkbox"/> OWN <input type="checkbox"/> RENT	YEARS THERE	ESTIMATED MARKET VALUE \$	MAKE OF AUTO 1.	YEAR	MAKE OF AUTO 2.	YEAR
ARE YOU A COMAKER ON ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW MUCH? FOR WHOM?			HAVE YOU ANY LEGAL PROCEEDINGS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CHECKING / SHARE DRAFT ACCT. NO.	LOCATION	INTEREST RATE	CHECKING / SHARE DRAFT ACCT. NO.	LOCATION	INTEREST RATE	
1. NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (NOT SPOUSE)		COMPLETE ADDRESS	PHONE NO.	RELATIONSHIP		
2. OTHER REFERENCE		COMPLETE ADDRESS	PHONE NO.	RELATIONSHIP		

INDICATE TYPE OF LOAN YOU ARE APPLYING FOR: <input type="checkbox"/> RV <input type="checkbox"/> NEW CAR <input type="checkbox"/> LINE-OF-CREDIT <input type="checkbox"/> OTHER <input type="checkbox"/> BOAT <input type="checkbox"/> USED CAR <input type="checkbox"/> REVOLVING CREDIT	AMOUNT REQUESTED \$
I OFFER THE FOLLOWING AS COLLATERAL FOR THIS LOAN:	
I WANT CREDIT LIFE INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	I WANT DISABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO

All the information in this application is true. I (or we) understand that section 1014 Title 18.U.S. Code makes it a federal crime to knowingly make a false statement on this application. T&I Credit Union has my (or our) permission to verify it. T&I Credit Union may retain this application even if not approved. I (or we) understand that T&I Credit Union may receive information from others about my (or our) credit and T&I Credit Union may answer questions and requests from others seeking credit or experience information about me (or us) or my (or our) T&I Credit Union accounts. If this application is approved, I (or we) agree to honor the provisions of the credit and security agreements covering the loan or account. I (or we) have no other debts.

SIGNATURE (APPLICANT)	DATE	SIGNATURE (CO-APPLICANT)	DATE
X		X	

LOAN OFFICER ACTION
 FOR T&I CREDIT UNION USE ONLY - PLEASE DO NOT FILL IN

I / we approve the loan as submitted. → Amount financed \$ _____

Date: _____ payments of \$ _____

I / we reject the loan as submitted. Starting _____ Interest rate _____

Specific reasons: _____

EOCA notice and reason for rejection sent or delivered on _____