

Hartford Federal Credit Union Consumer Loan Application

Amount Requested \$ _____ for _____ months.

I/we would like life and disability payment protection: Y N

Auto: Pre-Approval Year _____ Make _____ Model _____

Sales Price \$ _____ Cash Down \$ _____ Trade in \$ _____

Personal: Purpose _____

Kwik Kash Line of Credit

Share Secured

Borrower

Co-Borrower

Name _____
(Last, First, Middle)

Social Security # _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Dependents # _____ Age(s) _____

Email: _____

Address _____
(Street)

(City, State, Zip code)

How Long? _____ Own Rent Other

Monthly Payment \$ _____

Previous Address (if less than 3 years) _____
(Street)

(City, State, Zip code)

How Long? _____ Own Rent Other

Name _____
(Last, First, Middle)

Social Security # _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Dependents # _____ Age(s) _____
(other than those listed by borrower)

Email: _____

Address _____
(Street)

(City, State, Zip code)

How Long? _____ Own Rent Other

Monthly Payment \$ _____

Previous Address (if less than 3 years) _____
(Street)

(City, State, Zip code)

How Long? _____ Own Rent Other

By signing below, each of the following applicants certifies that they are applying for joint credit

in the amount of \$ _____.

Signature: _____ Date: _____

Signature: _____ Date: _____

Nearest relative not living with you _____ Relationship _____

Address _____ Telephone # _____
(Street, City, State, Zip code)

Please Complete Other Side

EMPLOYMENT

Borrower			Co-Borrower		
Employer _____		How Long? _____ Self Employed? <input type="checkbox"/>	Employer _____		How Long? _____ Self Employed? <input type="checkbox"/>
Address _____ <small>(Street, City, State and Zip Code)</small>			Address _____ <small>(Street, City, State and Zip Code)</small>		
Position _____	Business Phone _____	Gross Monthly Income \$ _____	Position _____	Business Phone _____	Gross Monthly Income \$ _____
Previous Employer (If less than 2 years) _____		How Long? _____	Previous Employer (If less than 2 years) _____		How Long? _____
Address _____ <small>(Street, City, State and Zip Code)</small>			Address _____ <small>(Street, City, State and Zip Code)</small>		

Other Income: Alimony, child support and separate maintenance need not be shown unless you rely upon this income as a basis for repayment of this loan.	Is other income for: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower	Other Monthly Income \$ _____	Source(s) of Other Income _____
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ASSETS OWNED

Bank Name	Checking Account No.	Balance	Bank Name	Savings Account No.	Balance
		\$ _____			\$ _____
Automobiles (Make, Model, Year)		Value \$ _____	Amount Owed \$ _____	Name(s) of Owner(s) _____	
Real Estate (Location, Date Acquired)		Price Paid _____	Balance Due _____	Current Market Value _____	

OUTSTANDING DEBTS

List below all loans, auto leases and installment contracts, credit cards, rent, mortgage, etc. (including alimony, child support & maintenance payment)

Creditor	Account Number	Rate	Payment	Balance	Consolidate?
1. (Landlord or Mortgage Holder)					Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					<input type="checkbox"/> <input type="checkbox"/>
3.					<input type="checkbox"/> <input type="checkbox"/>
4.					<input type="checkbox"/> <input type="checkbox"/>
5.					<input type="checkbox"/> <input type="checkbox"/>
6.					<input type="checkbox"/> <input type="checkbox"/>
7.					<input type="checkbox"/> <input type="checkbox"/>
Total Debts			\$ _____	\$ _____	

Are you legally responsible to pay alimony, child support or maintenance payments? Yes No Monthly payment \$ _____

CERTIFICATIONS (These questions apply to all borrowers)

- Are there any unsatisfied judgements against you? Yes No Amount \$ _____ If "Yes" to whom owed? _____
- Have you been declared bankrupt in the last 10 years? Yes No If "Yes" where? _____ Year _____
- Are you a co-maker, endorser, or guarantor on any loan or contract not listed above? Yes No If "Yes" for whom? _____ To whom? _____
- Is your income likely to decrease during the term of this loan? Yes No

Everything that I/we stated in this application is correct to the best of my/our knowledge. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us.

_____ Borrower's Signature	_____ Date	_____ Co-Borrower's Signature	_____ Date
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Fax or mail completed application along with recent pay stub(s) to:

964 Asylum Avenue • Hartford, CT 06105 • 860•527•6663 • Fax 860•527•2297
 244 Trumbull Street • Hartford, CT 06103 • 860•761•0080 • Fax 860•761•0039
 29 Albany Turnpike • West Simsbury, CT 06092 • 860•651•1400 • Fax 860•651•4699
 1665 Ellington Road • South Windsor, CT 06074 • 860•644•0200 • Fax 860•644•0800
 260 Hartford Avenue • Newington, CT 06111 • 860•666•1444 • Fax 860•665•8272
 70 West Stafford Road • Stafford Springs, CT 06076 • 860•684•4484 • Fax 860•684•5018