

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

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

Co-Borrower

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? _____	Employer_____				How Long? _____
Self Employed? <input type="checkbox"/>					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 <small>(If less than 2 years)</small> _____				How Long? _____	Previous Employer <small>(If less than 2 years)</small> _____				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		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment \$ _____									
CERTIFICATIONS (These questions apply to all borrowers)									
1. Are there any unsatisfied judgements against you? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$_____ If "Yes" to whom owed?									
2. Have you been declared bankrupt in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" where? _____ Year _____									
3. Are you a co-maker, endorser, or guarantor on any loan or contract not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" for whom? _____ To whom? _____									
4. Is your income likely to decrease during the term of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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 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 70 West Stafford Road • Stafford Springs, CT 06076-1067 • 860•684•4484 • Fax 860•684•5018 www.hartfordfcu.com									
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