



PO Box 727 • Goshen, IN 46527 • 574.534.2506 • Fax: 574.534.0768

Loan Application

Interra Account #: _____ Purpose of Loan: _____ Amount Requested: \$ _____

APPLICANT INFORMATION				
Name	Birthdate		Social Security No.	
Address	City/State/Zip	How Long?	Telephone	
Previous Address (if less than 2 years)	City/State/Zip	How Long?		
Name of Nearest Relative	Address		Telephone	
Current Employer	Position	How Long?	Gross Income (before taxes) <input type="checkbox"/> Annual <input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	
Employer Address	City/State/Zip		Telephone	
Previous Employer (if less than 2 years)	Address	City/State/Zip	Position	How Long?

CO-APPLICANT INFORMATION (Only necessary if co-applicant is to be contractually liable on the account.)				
Name	Birthdate		Social Security No.	
Address (only if different than main applicant)	City/State/Zip	How Long?	Telephone	
Current Employer	Position	How Long?	Gross Income (before taxes) <input type="checkbox"/> Annual <input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	
Employer Address	City/State/Zip		Telephone	
Previous Employer (if less than 2 years)	Address	City/State/Zip	Position	How Long?

OTHER INCOME	
Income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon it as a basis for repaying this obligation.	
Applicant: Other Income Source	Monthly Amount \$ _____
Co-applicant: Other Income Source	Monthly Amount \$ _____

HOME/VEHICLE/FINANCIAL INSTITUTION		
Home <input type="checkbox"/> Own <input type="checkbox"/> Living with others <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain _____	Mortgage Holder/Landlord	Present Market Value \$ _____
Monthly Payment/Rent \$ _____	Original Mortgage Amount \$ _____	Current Mortgage Balance \$ _____
Autos Owned – Make/Year	Balance Due \$ _____	Monthly Payments \$ _____
Current Financial Institution	Account No.	

OTHER OBLIGATIONS INCLUDING CREDIT CARDS, ALIMONY & CHILD SUPPORT				
CREDITOR'S NAME	ADDRESS	ACCOUNT NO.	BALANCE OWING	MONTHLY PAYMENT
1.			\$ _____	\$ _____
2.			\$ _____	\$ _____
3.			\$ _____	\$ _____
Continue on back if needed. If co-applicant has separate obligations list separately.				
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any legal proceedings against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much? \$ _____	

All information stated in this application is correct and complete. The undersigned authorize the Credit Union to obtain information pertaining to my/our creditworthiness, including consumer credit reports in connection with this application and for any update, renewal or extension of credit; and further authorize the disclosure of information regarding my/our account to credit bureaus and other creditors who inquire about my/our credit standing.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____