



Member Loan Application Holy Rosary Credit Union

533 Campbell Street • Kansas City, MO 64106 • 816.221.2734 (Phone) • 816.221.4264 (Fax)

Amount Requested	Purpose	Collateral	
# of Payments	Payment Amount	Starting	
APPLICANT INFORMATION			
Account #		SS#	
Name (First, MI, Last)	Date of Birth	Home Phone #	Cell Phone #
Present Address	City, State, Zip	Length Resid.	Do You: ___ Own ___ Rent
Previous Address	City, State, Zip	Length Resid.	House Pay. Rent Pay.
Employer Name	Address, City, State, Zip		Business Phone/Ext.
Position/Job Title	Start Date	Gross Salary Per Month	
Other Monthly Income* (source)	Amount	# of Dependents/Age(s)	
Reference	Address/City, State, Zip		Phone #

AUTO INFORMATION					
VIN#	YEAR	MAKE	MODEL	MILES	VALUE

CO-APPLICANT INFORMATION: *(Please check as applicable)* Co-Applicant Spouse Guarantor

By initialing here you certify that you are applying for joint credit in the amount of \$ _____ Initials: _____

Name (First, MI, Last)	Account #:	Date of Birth	Home Phone #	Social Security #
Present Address	City, State, Zip	Length Resid.	Do You: ___ Own ___ Rent	
Employer Name	Address, City, State			Business Phone/Ext.
Position/Job Title	Start Date	Gross Salary Per Month		
Other Monthly Income* (source)	Amount	# of Dependents/Age(s)		
Reference:	Address, City, State, Zip			Phone #

**Notice Other Income - Alimony, child support and/or separate maintenance income need not be revealed if you do not choose to have it considered.*

By signing below, you promise that everything you have stated in this application is correct to the best of your knowledge. You authorize the credit union to obtain credit reports in connection with this application and for any update renewal or extension of the credit received. As you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan application made to federal credit unions or state chartered credit union insured by the NCUA.

Applicant's Signature: _____ Date _____	Joint Applicant or Guarantor's Signature: _____ Date _____
X	X
Loan Officer Signature _____ Date _____	Credit Committee Signature _____ Date _____
<div style="border: 1px solid black; padding: 5px;"> Credit Union Use Only: Loan #: _____ Notes: </div>	1
	2
	3