



NATURAL STATE FEDERAL CREDIT UNION

901 SOUTH MAIN STREET, SEARCY, AR 72145
PHONE: 501-268-9301, FAX: 501-268-9998

Purpose of Loan			
Amount Requested	Terms	Date Funds Needed	Account Number
Security Offered:	<input type="checkbox"/> Shares <input type="checkbox"/> Car/Truck <input type="checkbox"/> Other <input type="checkbox"/> Unsecured		
List Cars Owned:	Year _____ Make _____ Model _____	Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Cars Owned:	Year _____ Make _____ Model _____	Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Information			CREDIT INFORMATION			
Last Name	First Name	Initial	Date of Birth	SSN	Nr. of dependents	
Home Address	Street	City	State	Zip Code	Home Phone	Cell Phone
Previous Address (If less than 3 years)	Street		City	State	Zip Code	Home Phone
Employer Name	Street	City	State	Zip Code	Office Phone	Fax Nr.
Position Held	How long with firm?			Gross monthly salary		
Previous Employer	Street	City	State	Zip Code	Office Phone	Fax Nr.
Position Held	How long with firm?					
Additional source of income			Frequency		Amount	
Checking Acct#	Bank Name		Savings Acct#	Bank Name		
Reference Name	Street	City	State	Zip Code	Relationship	Phone

Co-Applicant Information						
Last Name	First Name	Initial	Date of Birth	SSN	Nr. of dependents	
Home Address	Street	City	State	Zip Code	Home Phone	Cell Phone
Previous Address (If less than 3 years)	Street		City	State	Zip Code	Home Phone
Employer Name	Street	City	State	Zip Code	Office Phone	Fax Nr.
Position Held	How long with firm?			Gross monthly salary		
Previous Employer	Street	City	State	Zip Code	Office Phone	Fax Nr.
Position Held	How long with firm?					
Additional source of income			Frequency		Amount	
Reference Name	Street	City	State	Zip Code	Relationship	Phone

Do you want temporary disability insurance? Yes No Do you want Credit Life Insurance? Yes No

If you answer "Yes" to any question other than #1, explain on an attached sheet

1. Are you a U.S. Citizen or permanent resident alien?
2. Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under chapter 13, had property foreclosed upon or repossessed in the last 7 years or been a party in a lawsuit?
3. Is your income likely to decline in the next two years?
4. Are you a co-maker, co-signer or guarantor on any loan not listed above?

Applicant		Other	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For whom (Name of others obligated on loan) _____

To Whom (Name of Creditor) _____

List everything owed by applicant and/or co-applicant – attach other sheets if necessary

List everything owed by applicant and/or co-applicant – attach other sheets if necessary

Owed by			Name of Creditor	Present Balance	Monthly Payment
Applicant	Co-Applicant/C o-Maker				
<input type="checkbox"/>	<input type="checkbox"/>	Rent			
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage			
<input type="checkbox"/>	<input type="checkbox"/>	Second Mortgage			
<input type="checkbox"/>	<input type="checkbox"/>	Auto Loan			
<input type="checkbox"/>	<input type="checkbox"/>	Auto Loan			
<input type="checkbox"/>	<input type="checkbox"/>	Auto Loan			
<input type="checkbox"/>	<input type="checkbox"/>	Finance Company			
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card			
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card			
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card			
<input type="checkbox"/>	<input type="checkbox"/>	Alimony			
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	<input type="checkbox"/>	Other			
<input type="checkbox"/>	<input type="checkbox"/>	Other			
<input type="checkbox"/>	<input type="checkbox"/>	Other			

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If 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. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA

If any funds for the above application are sent to me prior to my executing a fully completed promissory note, in favor of Natural State Federal Credit Union, I agree to repay any amount of funds advanced in connection with the above loan application.

Signature of Applicant	Date	Co-Applicant or Co-Maker	Date
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AREA BELOW FOR CREDIT UNION USE ONLY

Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Auto	<input type="checkbox"/> Other	
	<input type="checkbox"/> Denied	\$	\$	\$	

Loan Officer Comments: _____

Loan Officer Signatures:

X _____ X _____
 Date Date Date