



ST. JOHN'S CO-OPERATIVE CREDIT UNION LTD

Credit Application Form

PLEASE FILL OUT FORM CLEARLY IN TYPE OR PRINT

Requirement: Please attach the following when submitting your Application

- TWO VALID GOVERNMENT-ISSUED PHOTO IDS (Passport/Voters/Social Security/Medical Benefits/Driver's License)
- PROOF OF ADDRESS not older than 3 months (e.g. Utility or Cable Bill, Account Statement)
- PROOF OF INCOME no older than 3 months (Job Letter with last Pay Slip/Financial Records, if self-employed)

| | | | |
|---|--|-------------------------|------------------------|
| I hereby apply for a LOAN [] LINE OF CREDIT [] in the amount of \$ _____ for a period of _____ months/years. I can/wish to repay \$ _____ monthly/fortnightly/weekly. | | | |
| PURPOSE of loan: _____ | | SECURITY offered: _____ | |
| DATE (DD/MM/YYYY) / / | ALREADY A MEMBER? [] YES [] NO | A/C NO. | SOCIAL SECURITY NUMBER |

MY PERSONAL INFORMATION

| | | | | | | | | | |
|----------------------------|--------|----------------------|-------------------|------------|----------------|----------|----------------------------------|---------------|--|
| NAME Mr/Mrs./Miss | | | | | | | | | |
| LAST | | | FIRST | | | MIDDLE | | ALIAS | |
| DATE OF BIRTH (DD/MM/YYYY) | | TYPE OF IDs PROVIDED | | | CITIZENSHIP | | TIME IN PASSPORT (If applicable) | | |
| TELEPHONE # | HOME | WORK | | MOBILE | | MOBILE | | | |
| PHYSICAL ADDRESS | | | | | E-MAIL ADDRESS | | | | |
| NAME & ADDRESS OF EMPLOYER | | | | TELEPHONE | | POSITION | | # OF YRS/MTHS | |
| MARITAL STATUS (Tick one) | SINGLE | MARRIED | SEPARATED | COMMON-LAW | DIVORCED | WIDOWED | | | |
| NAME OF SPOUSE | | | NO. OF DEPENDENTS | | AGES | | | | |

MY INCOME INFORMATION

| | Weekly | Fortnightly | Monthly | Total/Mth |
|---------------|--------|-------------|--------------|-----------|
| Salary/Wages | | | | |
| Other (State) | | | | |
| | | | TOTAL | |

| MY NORMAL MONTHLY EXPENSES | | MY ASSETS (What do you own?) | | |
|----------------------------|-----------|---|--|----------------------------|
| | \$ | Type | Estimated Value (\$) | |
| Box | \$ | Savings at SJCCU | \$ | |
| Cable | \$ | Savings [At] | \$ | |
| Cellular Phone | \$ | Savings [At] | \$ | |
| Child Support | \$ | Property | \$ | |
| Church Tithe | \$ | Land | \$ | |
| Clothing | \$ | Life Insurance [Cash Surrender Value] | \$ | |
| Credit Card Payment | \$ | Motor Vehicle | \$ | |
| Electricity (Utility) | \$ | Other (State) | \$ | |
| Entertainment | \$ | Total | \$ | |
| Groceries | \$ | MY LIABILITIES (What do you owe?) | Estimated Balance | Monthly Payments |
| Gym membership | \$ | | | |
| Health insurance | \$ | Credit Card [at] | \$ | \$ |
| Hire purchase payments | \$ | Mortgage [at] | \$ | \$ |
| House insurance | \$ | Loan [at] | \$ | \$ |
| Internet | \$ | Loan [at] | \$ | \$ |
| Life insurance | \$ | Hire Purchase | \$ | \$ |
| Loan payments | \$ | Money lender [State] | \$ | \$ |
| Mortgage | \$ | Other [Indicate] | \$ | \$ |
| Personal care | \$ | Total | \$ | \$ |
| Property tax | \$ | In signing this application form, I hereby certify the above information to be true and complete. Further, I authorize and give consent to St. John's Co-operative Credit Union to obtain background information about me, as I seek to acquire credit, and understand that if pertinent information was withheld it could result in delay, denial or recall of my credit facility and that all documents presented are for the records of SJCCU. | SIGNATURE OF APPLICANT | DD/MM/YYYY |
| Rent | \$ | | | |
| Savings | \$ | | | |
| School Fees | \$ | | | |
| Telephone (Utility) | \$ | | | |
| This Loan | \$ | | | |
| Vehicle insurance | \$ | | | |
| Vehicle maintenance | \$ | | | |
| Vehicle petrol | \$ | | | |
| Water (Utility) | \$ | | | |
| Other (State) | \$ | | | |
| TOTAL | \$ | Comment: | | |



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FOR SJCCU OFFICE USE ONLY

Loan Ref #: _____ Received (dd/mm/yy): ____/____/____ BY: _____

| NET WORTH | | ELIGIBILITY | |
|----------------------|----|----------------------------|----|
| TOTAL ASSETS | \$ | TOTAL MONTHLY INCOME (NET) | \$ |
| TOTAL LIABILITIES | \$ | TOTAL MONTHLY EXPENSES | \$ |
| APPLICANT'S NETWORTH | \$ | SURPLUS/(DEFICIT) | \$ |
| | | INCOME TO EXPENSE RATIO | % |

| LOAN SUMMARY | | | |
|---------------------------|--------------------|--------------------|----------|
| CATEGORY: | POLICY REQUIREMENT | THIS LOAN | COMMENTS |
| PRINCIPAL | | | |
| INTEREST RATE | | | |
| TERM | | | |
| CASH DEPOSIT | % [\$] | | |
| COLLATERAL (Type & Value) | | | |
| ONE MONTH'S INSTALLMENT | | | |
| MONTHLY PAYMENT | | | |
| PAYMENT BREAKDOWN | Loan Installment | Compulsory Savings | |
| | Insurance Savings | Property Tax | |
| PROCESSING FEE | | | |
| STAMP DUTY | | | |
| PAYMENT METHOD | | | |

| ACCOUNT BALANCES | | | | | | | | |
|------------------|----|---------|----|--------|----|-----|------|-----|
| MS | VS | SAVINGS | FD | CHQING | CS | INS | LN 1 | LN2 |
| | | | | | | | | |

| PROPOSED LOAN BREAKDOWN | | |
|-------------------------|------------|--------|
| Purpose | Payable to | Amount |
| | | |
| | | |
| | | |
| TOTAL | | |

LOANS OFFICER RECOMMENDATION

Recommended

Not Recommended

COMMENT:

PROCESSED BY: MEMBER CONTACTED: APPT:
Date Date Date

FOR USE OF THE CREDIT SUPERVISOR/MANAGEMENT

[] Eligible [] Ineligible Other.....

| | | |
|-----------|-----------|-----------|
| Signature | Signature | Signature |
| Position | Position | Position |
| Date | Date | Date |

Comments