

LOWELL MUNICIPAL EMPLOYEES FEDERAL CREDIT UNION

DATE: _____

NAME: _____

EMAIL: _____

Account #: _____

Amount of money requested.....\$ _____ for _____ Year (s)

Purpose of Loan _____

FULL NAME: _____ BIRTH DATE: _____

SOCIAL SECURITY NO: _____ DRIVERS LIC NO: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ YEARS THERE: _____ HOME PHONE: _____

CELL PHONE: _____ BUSINESS PHONE: _____ PRESENT EMPLOYER: _____

YEARS THERE: _____ POSITION OR TITLE: _____ SUPERVISOR: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPENDENTS: (EXCLUDE SELF) _____ AGES: _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU: _____

ADDRESS: _____ RELATIONSHIP: _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

GROSS SALARY: \$ _____ PER: _____ ARE YOU PAID: 42 wk OR 52 wk

*OTHER INCOME: _____ PER: _____ SOURCE: _____

SHARE DRAFT OR CHECKING ACCOUNT: WHERE: _____

SHARE OR SAVINGS ACCOUNT: WHERE: _____

IF PRESENT RESIDENCE IS LESS THAN 2 YEARS, COMPLETE NEXT 2 LINES

PREVIOUS ADDRESS: _____ YEARS THERE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

IF EMPLOYED LESS THAN 3 YEARS COMPLETE NEXT 2 LINES

PREVIOUS EMPLOYER: _____ YEARS THERE: _____

PREVIOUS EMPLOYER'S ADDRESS: _____

