CONSUMER LOAN APPLICATION

($25 Loan Processing Fee - Refunded Upon Approval.)

680 N.E. 124th Street • North Miami, FL 33161
Dade: (305) 893-4880 • Broward: (954) 704-4100 • Toll free outside Dade & Broward County: 1 (800) 243-1077
Dade Fax: (305) 893-0515 or (305) 895-8746 • Broward Fax: (954) 704-8681

PLEASE COMPLETE APPLICATION AND MAIL, FAX OR BRING TO OUR OFFICES ALONG WITH A COPY OF YOUR MOST RECENT PAYSTUB.

Amount Requested	❑ Individual Credit ❑ Joint Credit Member Account No. _____	
$ _____	Purpose of Loan:	Debit From: ❑ Checking ❑ Savings ❑ Payroll Deduction ❑ Coupon Book

APPLICANT
(SUBMIT MOST RECENT PAYCHECK STUB)

FIRST NAME | MIDDLE INITIAL | LAST NAME

PRESENT ADDRESS | LENGTH OF RESIDENCE

CITY | STATE | ZIP

PREVIOUS ADDRESS **(IF CURRENT IS LESS THAN 3 YEARS)** | LENGTH OF RESIDENCE

SOCIAL SECURITY NO. | DATE OF BIRTH

HOME PHONE NO. ( ) | WORK PHONE NO. ( )

EMPLOYER (NAME & ADDRESS) | EMPL. DATES: FROM _____ TO _____

GROSS INCOME $ | PAY FREQUENCY ❑ WEEKLY ❑ BI-WEEKLY ❑ SEMI-MONTHLY ❑ MONTHLY | POSITION

*OTHER SOURCE OF INCOME $ ❑ WEEKLY ❑ BI-WEEKLY ❑ SEMI-MONTHLY ❑ MONTHLY

PREVIOUS EMPLOYMENT **(IF CURRENT IS LESS THAN 3 YEARS)** | EMPL. DATES: FROM _____ TO _____

AUTOMOBILE | BALANCE OWED

YEAR | MAKE | MODEL | $

CO-APPLICANT
(SUBMIT MOST RECENT PAYCHECK STUB)

FIRST NAME | MIDDLE INITIAL | LAST NAME

PRESENT ADDRESS

CITY | STATE | ZIP

PREVIOUS ADDRESS **(IF CURRENT IS LESS THAN 3 YEARS)** | LENGTH OF RESIDENCE

SOCIAL SECURITY NO. | DATE OF BIRTH

HOME PHONE NO. ( ) | WORK PHONE NO. ( )

EMPLOYER (NAME & ADDRESS) | EMPL. DATES: FROM _____ TO _____

GROSS INCOME $ | PAY FREQUENCY ❑ WEEKLY ❑ BI-WEEKLY ❑ SEMI-MONTHLY ❑ MONTHLY | POSITION

*OTHER SOURCE OF INCOME $ ❑ WEEKLY ❑ BI-WEEKLY ❑ SEMI-MONTHLY ❑ MONTHLY

PREVIOUS EMPLOYMENT **(IF CURRENT IS LESS THAN 3 YEARS)** | EMPL. DATES: FROM _____ TO _____

AUTOMOBILE | BALANCE OWED

YEAR | MAKE | MODEL | $

*Income from alimony, child support or separate maintenance payment need not be revealed if you do not choose to disclose it as income.

CREDIT INFORMATION, OUTSTANDING DEBTS

HOMEOWNERS (PLEASE COMPLETE)

PURCHASE PRICE	BALANCE OWED	MARKET VALUE
$	$	$

NAME	MONTHLY PAYMENT	BALANCE OWED
MTG./RENT	$	$
AUTO PAYMT.	$	$
OTHER	$	$

I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to credit policies of this institution. I understand that you shall retain this application whether or not it is approved.

X _____
APPLICANT SIGNATURE **DATE**

HOMEOWNERS (PLEASE COMPLETE)

PURCHASE PRICE	BALANCE OWED	MARKET VALUE
$	$	$

NAME	MONTHLY PAYMENT	BALANCE OWED
MTG./RENT	$	$
AUTO PAYMT.	$	$
OTHER	$	$

I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to credit policies of this institution. I understand that you shall retain this application whether or not it is approved.

X _____
CO-APPLICANT SIGNATURE **DATE**

PLEASE ATTACH MOST RECENT PAYCHECK STUB