

PIE Credit Union
APPLICATION FOR CLOSED-END CREDIT
TEL: 713/551-0491 • FAX 713/551-0431

Amount Requested		First Payment Due Date		Payment Frequency	
Purpose of Loan					
Collateral (Secured Loan)					
INFORMATION REGARDING APPLICANT					
Full Name				Birth Date	
Present Address				Years There	
City	State	Zip Code	Home Phone		Cell Phone
Social Security No.			Drivers License No.		
Previous Address				Years There	
City	State	Zip Code			
Present Employer				Years There	
Employer's Address		City	State		Zip Code
Position/Title		Business Phone		Supervisor	
Previous Employer		Address			Years There
Number of Dependents (excluding self)		Ages			
Name of nearest relative not living with you				Relationship	
Address				Phone No.	
Personal Reference Name		Full Address			Phone No.
Salary <input type="checkbox"/> Gross <input type="checkbox"/> Net \$		Per	Other Income		Per
					Source
*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					
Is any income listed likely to be reduced within the next two years? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, explain					
Share Draft or Checking Account No.			Where		
Share or Savings Account No.			Where		
INFORMATION REGARDING JOINT APPLICANT, USER OR OTHER PARTY? (Use separate sheet if necessary)					
Full Name				Birth Date	
Relationship to Applicant (if any)					
Present Address				Years There	
City	State	Zip Code	Home Phone		Cell Phone
Social Security No.			Drivers License No.		
Previous Address				Years There	
City	State	Zip Code			
Present Employer				Years There	
Employer's Address		City	State		Zip Code
Position/Title		Business Phone		Supervisor	
Previous Employer		Address			Years There
Number of Dependents (excluding self)		Ages			
Name of nearest relative not living with you				Relationship	
Address				Phone No.	
Personal Reference Name		Full Address			Phone No.
Salary <input type="checkbox"/> Gross <input type="checkbox"/> Net \$		Per	Other Income		Per
					Source
*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					
Is any income listed likely to be reduced within the next two years? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, explain					
Share Draft or Checking Account No.			Where		
Share or Savings Account No.			Where		

MARITAL STATUS: Check applicable box(es) below if this loan is for:

A. Joint or secured credit or

B. You reside in or rely on property located in a Community Property State (AZ, CA, ID, LA, NM, NV, TX, WA, WIS)

Applicant: Unmarried Married Separated

Other party: Unmarried Married Separated

OUTSTANDING DEBTS (Use separate sheet if necessary. Include information about any Joint Applicant, User or Other Party. Please check the "A" box to indicate Applicant or Joint Applicant information.

Creditor	Type of Debt or Account #	Name(s) in Which Account is Carried	ORIG. DEBT	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE YES/NO	"A"
	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage						
TOTALS							

Are there any unsatisfied judgements against applicant and/or other party? Yes No
 If yes, by whom? _____ To whom? _____ Amount \$ _____

Are there any other persons obligated on any of the above loans? Yes No
 Which ones? _____ Who? _____

Is applicant and/or other party a comaker, cosigner or guarantor on any loan? Yes No
 For whom? _____ To whom? _____

Has the applicant and/or other party been the subject of an order for relief under The Federal Bankruptcy Code or adjudicated a bankrupt under the Bankruptcy Act in the last 10 years? Yes No

Everything that I/we have stated in this application is correct to the best of my/our knowledge. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us.

Signature of Applicant **X** _____ Date _____

Signature of Other Party (where applicable) **X** _____ Date _____

FOR CREDIT UNION USE ONLY	
Account No. _____	Note No. _____ Share Balance(s) _____
Loan Balance(s) _____	Loan Status _____
Loan Officer:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected/Referred to C.C.	Reason _____
L.O. signature _____	Date _____
Credit Committee _____	Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Reason for rejection _____
Outside information considered <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe) _____	
Conditions, if any: _____	
Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____