



## LOAN APPLICATION FORM

### PERSONAL DETAILS

Credit Union Account Number: \_\_\_\_\_ (Shown on your statement)

Title: \*Mr/Mrs/Miss/Ms \*(delete as appropriate)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No. (home): \_\_\_\_\_ Tel No. (work): \_\_\_\_\_

E-mail address: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Marital Status: \_\_\_\_\_ No. of Dependent Children: \_\_\_\_\_

Have you ever been insolvent, bankrupt, sequestrated or involved in court proceedings for debt: \*YES/NO \*(delete as appropriate)  
(if YES please provide details on a separate sheet of paper)

### EMPLOYMENT DETAILS

1. Occupation: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Employer: \_\_\_\_\_

4. Length of service with current employer: \_\_\_\_\_ Years \_\_\_\_\_ Months

5. Are you on a fixed term/temporary contract: \*YES/NO \*(delete as appropriate)

(if YES please enter finish date): \_\_\_\_\_

6. Will you be leaving your current employment within the next 3 months: \*YES/NO \*(delete as appropriate)

(if YES please provide details on a separate sheet of paper)

7. Pay Frequency: \*Monthly/Four-Weekly/Fortnightly/Weekly \*(delete as appropriate)

OFFICE USE ONLY  
Chq # \_\_\_\_\_ D/D \_\_\_\_\_

## PERSONAL BUDGET PLANNER

In order for the credit union to be a responsible lender, the Credit Committee has to check that you can afford to borrow. Please help us by completing the table below. Please show all details on a MONTHLY basis.

### REGULAR MONTHLY INCOME

Take Home Pay £ \_\_\_\_\_

Partners Income £ \_\_\_\_\_

Any other Wage £ \_\_\_\_\_

Any Benefits/Pension £ \_\_\_\_\_

**TOTAL INCOME (A)** £ \_\_\_\_\_

### REGULAR MONTHLY OUTGOINGS

Credit Union Deduction £ \_\_\_\_\_

Mortgage/Rent £ \_\_\_\_\_

Council Tax £ \_\_\_\_\_

Electric £ \_\_\_\_\_

Telephone £ \_\_\_\_\_

Gas £ \_\_\_\_\_

Satellite/Cable Television £ \_\_\_\_\_

Credit Card Payments £ \_\_\_\_\_

Other Loan Repayments £ \_\_\_\_\_

Hire Purchase Payments £ \_\_\_\_\_

Any Other Regular Expenses £ \_\_\_\_\_

**TOTAL EXPENDITURE (B)** £ \_\_\_\_\_

**TOTAL MONTHLY INCOME (A)** £ \_\_\_\_\_

**TOTAL MONTHLY OUTGOINGS (B)** £ \_\_\_\_\_

**AMOUNT REMAINING (A-B)** £ \_\_\_\_\_

## PERSONAL LOAN DETAILS

When completing this section please read the notes on this page and refer to the enclosed Loan Repayment Table to assist you in calculating the terms of your loan. If you require any assistance in completing this section please contact the credit union office.

### SECTION 1 - LOAN AMOUNT

Present Share Balance: £ \_\_\_\_\_

Loan Amount Requested (a) £ \_\_\_\_\_

Present Loan Balance: (b) £ \_\_\_\_\_  
(if applicable)

Total New Loan Balance (a)+(b) = (c) £ \_\_\_\_\_

### SECTION 2 - REPAYMENT AMOUNT

Regular Loan Repayments: (d) £ \_\_\_\_\_  
\*(weekly/2-weekly/4-weekly/monthly)

Plus payment to cover interest & shares: (e) £ \_\_\_\_\_

Total Payroll Deduction (d+e)=(f) £ \_\_\_\_\_

### SECTION 3 - REPAYMENT PERIOD

Loan to be repaid over a period of: \_\_\_\_\_

Reason for Loan: \_\_\_\_\_

Date Required: \_\_\_\_\_

\*delete as applicable

#### Notes

(a) Loan Amount Requested - If under £2,500 must be repaid within 24 months. If over £2,500 maybe repaid over 36 months.

(c) Total new loan balance - should not exceed 3 times your share balance.

(d) Regular Loan Repayments - 80% of your TOTAL deduction is used to repay your loan each month.

(e) Interest & Shares - The remaining 20% of your TOTAL payment is used to pay the interest due with the balance added to your shares.

Please use the enclosed Amendment to Deduction form if you need to change your payment.

If you require any assistance please contact the office on (01382) 434103

\*weeks/months

**WHEN YOU HAVE COMPLETED THIS SECTION PLEASE TURN THE PAGE AND READ AND SIGN THE MEDICAL STATEMENT AND DECLARATION**

#### FOR CREDIT UNION OFFICE USE ONLY

##### Credit Committee:

On \_\_\_\_\_ (enter date) we approved the loan of £ \_\_\_\_\_ for a period of \_\_\_\_\_

the following comments are to be made to the applicant \_\_\_\_\_

Signed \_\_\_\_\_ Credit Committee Member

Signed \_\_\_\_\_ Credit Committee Member

Rcvd		Checked		LA Sent		LA Rcvd	
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**MEDICAL STATEMENT - This statement below must be completed and signed for members to be eligible for the non-contributory insurance provided on loans. All information in this form will be treated in the strictest confidence.**

I declare to the best of my knowledge and belief that **\*I am/am not** in good health and that I am **\*fit/unfit** to follow my occupation. **\*delete as applicable**

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Are you on sick leave at present? (please tick)  Yes  No

If yes, state why you have been off work \_\_\_\_\_

How long have you been off for? \_\_\_\_\_

When will you return to work? \_\_\_\_\_

**DECLARATION - PLEASE READ AND SIGN**

1. I submit this application for a Credit Union Personal Unsecured Loan and declare that the information that I have supplied is true and accurate.

2. I also authorise you to make any enquiries you feel necessary for confirmation of the information contained in this application for the purpose of credit assessment.

3. I understand that you may not approve this application.

4. I understand that the approval of this application will not constitute an agreement to make a loan or provide any other credit and will not bind me or the credit union to enter such an agreement. Any agreement to provide the loan to which this application relates will be constituted as a credit agreement being signed by me and the credit union.

**5. I understand that I may not make a share withdrawal while I have a loan balance in excess of my share balance.**

6. I also authorise you to disclose information about me for the for the purposes of this application to other credit unions and their employees and agents for debt recovery.

7. I also authorise you to disclose information to the CUNA Mutual group for credit insurance purposes.

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Before returning your Loan Application please ensure that you have:**

- **completed all sections of the application form**
- **completed, signed and dated the Medical Statement**
- **read, understood, signed and dated the Declaration**
- **completed an Amendment to Deduction form (only if changing your payment)**

**PLEASE RETURN THE COMPLETED APPLICATION FORM TO:**

**TAY VALLEY CREDIT UNION LTD, 8 CITY SQUARE, DUNDEE, DD1 3BG**