



WORKMEN'S CIRCLE CREDIT UNION
 527 STEPHENSON AVE., SUITE 1
 SAVANNAH, GA 31405-5922
 Tel: (912) 356-9225
 Fax: (912) 356-9226

CONSUMER LOAN APPLICATION

Date	Account Number
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APPLICANT INFORMATION. Married Applicants may apply for an individual loan/separate account.
Type of Credit. Check the type of credit for which you wish to apply.
 Individual credit -- If you are applying for individual credit, complete the Applicant section.
 Joint credit -- If you are applying for joint credit with your spouse or another person, complete the Applicant section and the Spouse/Co-Applicant section.
 You must initial here if you intend to apply for Joint Credit: **X** _____ **X** _____
Spouse Information. You must also complete the Spouse section if any of the following apply: (1) your spouse will use your account; (2) you are relying on your spouse's income as a source of repayment; (3) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI or Puerto Rico); or (4) you are an Alaska resident and are currently subject to a community property agreement or community property trust.

TYPE OF CREDIT APPLIED FOR:
 Loan Type: _____ Payment Method: Cash Payroll Deduction
 Amount Requested: _____ Term (months): _____ Automatic Payment Military Allotment
 Purpose: _____
 Collateral Offered: _____ Payment Frequency: Monthly Other _____

Optional Payment Protection – If you answer "yes" the Credit Union will disclose the cost of optional payment protection to you. A separate election that discloses the terms and conditions must be signed for protection to become effective. **Are you interested in having this loan protected?** Yes No

APPLICANT **CO-SIGNER**
 Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME		
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	CELL PHONE	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MOTHER'S MAIDEN NAME	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP		
FORMER ADDRESS (if current less than 2 years)		YEARS THERE
PERSONAL REFERENCE 1 (Name and Address)	RELATIONSHIP	
	PHONE NO.	

SPOUSE **CO-APPLICANT**
 Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

SPOUSE/CO-APPLICANT NAME		
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	CELL PHONE	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MOTHER'S MAIDEN NAME	RELATIONSHIP TO APPLICANT	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP		
FORMER ADDRESS (if current less than 2 years)		YEARS THERE
PERSONAL REFERENCE 1 (Name and Address)	RELATIONSHIP	
	PHONE NO.	

EMPLOYMENT & INCOME If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER	HIRE DATE	CURRENT EMPLOYER	HIRE DATE
CURRENT ADDRESS		CURRENT ADDRESS	
WORK PHONE NO.	POSITION	MONTHLY GROSS INCOME	
		\$	
FORMER EMPLOYER (if current less than 2 years)		FORMER EMPLOYER (if current less than 2 years)	

OTHER INCOME You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME	SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
		\$			\$

ASSETS & DEPOSITS Please check the appropriate box below. INDICATE: **A** - Applicant **OR** **C** - Spouse/Co-Applicant

CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE	CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE
A	C	TYPE			A	C	TYPE		
				\$				\$	
				\$				\$	
AUTO #1 MAKE		MODEL YEAR		VALUE	AUTO #2 MAKE	MODEL YEAR		VALUE	
				\$				\$	
REAL ESTATE TYPE				VALUE	OTHER ASSETS			VALUE	
				\$				\$	

