

Share Balance _____
Loan Balance _____

Account No. _____
Note No. _____

Centra Health Credit Union
Lynchburg General Hospital **Virginia Baptist Hospital**
1901 Tate Springs Road **3300 Rivermont Avenue**
Lynchburg, VA 24501 **Lynchburg, VA 24503**

Purpose of Loan: _____ Date: _____

Applicant - Please print in ink or type.

1 Applicant Information	Name (Last, First. Initial) _____ _____ Social Security No. _____ _____ Present Address: _____ _____ _____	Birth Date: _____ Home Phone: _____ Business Phone: _____ Own _____ Rent _____ Monthly Amount: _____
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2 Requested Financing	I hereby apply for a loan of: New Amount \$ _____ Total Amount \$ _____ For a period of _____ months to be repaid in _____ bi-weekly installments of \$ _____. The first payment will be due _____.
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3 Co-Signer Information	Name: _____ SS# _____ Birthdate: _____ Address: _____ Employer: _____ Relation to Applicant: _____ Monthly Salary: _____ (must be documented)
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4 Employment Information	Name/Address of Employer: _____ Department: _____ Your Title/Position: _____ Supervisor's Name: _____ Start Date: _____ Hours Worked Per Week: _____
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5 Income Information	Employment Income Applicant: _____ Other Income: _____ Source: _____ Hourly Rate: \$ _____ Net _____ Bi-Weekly: \$ _____ Gross _____ (must be documented)
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6 Collateral Information	Collateral Offered: None: _____ Shares Available (Share Secured Loan): _____ Auto Make/ Model/Year: _____ Other (Describe): _____
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7 Debts	List Debts below:	Original Balance	Present Balance	Monthly Payment	Check if Past Due
Rent/Mortgage	_____	_____	_____	_____	_____
If spouse's income is to be considered on this application, be sure to list spouse's debts as well as yours and any joint accounts.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

If "Yes" answer is given to a question, explain on an attached sheet.

8 Financial Information		Applicant	Co-Signer
	Do you have any outstanding judgments?	_____	_____
	Have you ever filed for bankruptcy or had a Debt adjustment plan confirmed under Chapter 13 or Chapter 7?	_____	_____
	Have you had property foreclosed upon or Repossessed in the last 7 years?	_____	_____
	Are you a party in a lawsuit?	_____	_____
	Are you other than a U.S. Citizen or permanent resident alien?	_____	_____
	Are you co-maker, co-signer, or guarantor on any loan not listed above?	_____	_____
	For Whom? (Name of others obligated on loan)	To Whom? (Name of Creditor)	
	_____	_____	

9 Signatures I hereby certify that all statements made, including those on the reverse side hereof, are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its experience with me.

	Applicant's Signature	Date	Co-Signer's Signature	Date
	Counter Offer:	Loan Type:	Amount Approved:	Debt Ratio:
	MUST PAY COLLECTIONS ___	Unsecured ___		
	Spouse Income Must be Included ___	Collateral ___		
	Amount approved other than amount on application: _____	Auto ___		
	Other: _____	Share Secure ___		

10 Credit Committee Information

Approved by:

Loan Officer: _____ Date: _____

Manager: _____ Date: _____

Credit Committee:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Denied by:

Loan Officer: _____ Date: _____