

# TCCU

TAYLORVILLE COMMUNITY  
CREDIT UNION

[www.taylorvillecommunitycreditunion.com](http://www.taylorvillecommunitycreditunion.com)

## Consumer Loan Checklist

- Complete both sides of application and sign and date bottom of 2<sup>nd</sup> page
- Need proof of income from the last 30 days
- Sales invoice with make, model, and VIN number of collateral being purchased or refinanced
- If purchasing from individual then written sales invoice of purchase price with copy of title (if possible)
- Proof of insurance-insurance company, name of agent, address and phone number
- Payoff information for current loan (if applicable)



# TAYLORVILLE COMMUNITY CREDIT UNION

**HILLSBORO**  
138 E. Wood  
Hillsboro, Illinois 62049

**TAYLORVILLE**  
422 West Main Cross  
Taylorville, Illinois 62568

**LITCHFIELD**  
801 W. Union  
Litchfield, Illinois 62056

## CREDIT APPLICATION

### TYPE OF CREDIT REQUESTED

- Secured    Unsecured
- Individual Credit - relying on my income or assets.
- Individual Credit - relying on my income or assets as well as income or assets from other sources.
- Joint Credit.

Date of Application \_\_\_\_\_

Amount \$ \_\_\_\_\_ How Long \_\_\_\_\_

Want to Repay    Monthly    \_\_\_\_\_

Purpose \_\_\_\_\_

Acct. No. \_\_\_\_\_

### SECTION A - INDIVIDUAL APPLICANT INFORMATION

LAST      FIRST      M.I.

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tel. No. \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Have you applied for credit with us before?    No    Yes - When? \_\_\_\_\_ No. Dep. \_\_\_\_\_ Dep. Ages \_\_\_\_\_

Employer (Company Name & Address) \_\_\_\_\_ How Long \_\_\_\_\_

Bus. Tel. \_\_\_\_\_ Position/Title \_\_\_\_\_ How Often Paid? \_\_\_\_\_ Take Home Salary Per Month \$ \_\_\_\_\_

Previous Employer (Company Name & Address) \_\_\_\_\_ How Long \_\_\_\_\_

Bus. Tel. \_\_\_\_\_ Position/Title \_\_\_\_\_ How Often Paid? \_\_\_\_\_ Take Home Salary Per Month \$ \_\_\_\_\_

**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 obligation.**

**Alimony, child support, separate maintenance received under:**    Court Order    Written Agreement    Oral Understanding

Sources of Other Income \_\_\_\_\_ Amount Per Month \$ \_\_\_\_\_

Name of Nearest Relative Not Living With You \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

### SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

LAST      FIRST      M.I.

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tel. No. \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Have you applied for credit with us before?    No    Yes - When? \_\_\_\_\_ No. Dep. \_\_\_\_\_ Dep. Ages \_\_\_\_\_

Employer (Company Name & Address) \_\_\_\_\_ How Long \_\_\_\_\_

Bus. Tel. \_\_\_\_\_ Position/Title \_\_\_\_\_ How Often Paid? \_\_\_\_\_ Take Home Salary Per Month \$ \_\_\_\_\_

Previous Employer (Company Name & Address) \_\_\_\_\_ How Long \_\_\_\_\_

Bus. Tel. \_\_\_\_\_ Position/Title \_\_\_\_\_ How Often Paid? \_\_\_\_\_ Take Home Salary Per Month \$ \_\_\_\_\_

**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 obligation.**

**Alimony, child support, separate maintenance received under:**    Court Order    Written Agreement    Oral Understanding

Sources of Other Income \_\_\_\_\_ Amount Per Month \$ \_\_\_\_\_

Name of Nearest Relative Not Living With You \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

### SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state. (\*includes single, divorced and widowed)

**Applicant**       Married       Separated       Unmarried\*      **Other Party**       Married       Separated       Unmarried\*

**SECTION D - ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

**ASSETS OWNED** (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	VALUE
Checking Account Number(s) (where)		\$
Savings Account Number(s) (where)		
Other Assets (describe)		
<b>TOTAL ASSETS</b>		\$

**OUTSTANDING DEBTS** (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME THE ACCT. IS UNDER	ORIGINAL AMT. (OMIT RENT)	PRESENT BAL. (OMIT RENT)	MO. PMTS.
Landlord or Mortgage Holder	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$
Automobiles (make, model, year)					
Credit Cards and other debts					
<b>TOTAL DEBTS</b>			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes  
 If yes, to (Name & Address) \_\_\_\_\_ Amount Per Month \$ \_\_\_\_\_  
 Are you a comaker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
 Are there any unsatisfied judgments against you?  No  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Have you been declared bankrupt?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**SECTION E - SECURED CREDIT**

Complete only if credit is to be secured. Briefly describe the property to be given as security and indicate if others have an ownership interest.

Property Description: \_\_\_\_\_  
 Names & Addresses of all co-owners of the property: \_\_\_\_\_  
 If the security is real estate, give the full name of your spouse (if any): \_\_\_\_\_

Each of the undersigned hereby represent and warrant to Taylorville Community Credit Union (TCCU) the following: 1) The information contained in this financial statement is provided for the purpose of obtaining or maintaining credit with TCCU on behalf of the undersigned, or persons, firms or corporations in whose behalf of the undersigned may agree to be liable, severally or jointly with others; 2) Each of the undersigned agrees and understands that TCCU is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit; 3) Each of the undersigned has read and understands all information provided in this financial statement, and the information provided in this financial statement is true and complete and fully discloses and lists the kind, nature and complete and fully discloses and lists the kind, nature and extent of all the undersigned's assets, income and debts as of this date; 4) TCCU may consider this financial statement as continuing to be true and correct until a written notice of a change is given to TCCU by the undersigned; 5) No person employed by TCCU has told or indicated to the undersigned to omit any information, or that it was unnecessary to disclose or list any assets, income or debts on this financial statement; 6) TCCU is authorized to make any and all inquiries TCCU deems necessary to verify the accuracy of the statements made herein and to determine the undersigned's credit worthiness, but is not obligated to do so; 7) TCCU may retain this financial statement even if credit is not approved and TCCU is authorized to answer questions or requests from others seeking credit or experience information about the undersigned or our account(s) with TCCU; 8) The undersigned understands it is a federal and state crime to knowingly make a false statement on this financial statement of which this paragraph is a part.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CONSENT FOR NONAFFILIATED THIRD PARTIES TO DISCLOSE TO TCCU "NONPUBLIC PERSONAL  
INFORMATION" CONCERNING THE UNDERSIGNED

In consideration of the undersigned applying for membership with and/or applying for credit from and/or obtaining credit and/or loan(s) from and/or establishing any and all account(s) (including share draft checking, savings, ATM, VISA, debit card, and Christmas Club account(s)) with Taylorville Community Credit Union ("TCCU"), the undersigned, individually and collectively, hereby voluntarily consent(s) and agree(s) that TCCU may, from time to time, obtain any and all written or oral "nonpublic personal information" which shall include, but not limited to, and any all personal and/or financial and/or lending and/or collection and/or loan history and/or account(s) information of any kind, nature, or extent whatsoever, relating to any one or more of the undersigned persons from any and all other financial institutions, credit reporting agencies, insurance companies, employers, governmental entities or agencies, collection agencies or entities, motor vehicle and/or watercraft dealerships, and any and all other third persons or entities (herein individually and collectively referred to as "nonaffiliated third parties")

Any and all nonaffiliated third parties are hereby authorized to rely upon a copy or facsimile copy of this signed Consent without requiring a duplicate signed original thereof.

This consent is intended to be an authorized consent by the undersigned in compliance with and under the Gramm-Leach-Bliley Act, known as the Financial Services Modernization Act, a federal privacy law, and the Federal Regulations adopted there under (a/k/a "Privacy Law") and in compliance with and under any and all other applicable statues, laws, and regulations.

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_