

Medina County Federal Credit Union Credit Application

Individual Credit – Relying solely on my Income

Joint Credit – Relying on my income and that of the joint applicant

Amount Requested:	Term in Months:	Purpose:	Secured Unsecured
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Applicant Information

Name:			Account Number:
Social Security Number:	Date of Birth:	DL Number:	Telephone Number:
Current Address:			
City:		State:	ZIP Code:
Do you: Own Rent		Monthly payment or rent:	How long?
Are you: Married Separated Unmarried (including Single, Divorced & Widowed)		Name of bank where your checking account is maintained:	
Are you obligated to make alimony, support or maintenance payments: Yes No			If yes, how much per month:
Current Employer:			How long?
Telephone Number:		Position:	Gross Annual Income:

Other Source of Income (Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation)

Other Income Source:	Monthly Amount (Gross):
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Co Applicant Information

Name:			Relationship to Applicant:
Social Security Number:	Date of Birth:	DL Number:	Telephone Number:
Current Address:			
City:		State:	ZIP Code:
Do you: Own Rent		Monthly payment or rent:	How long?
Are you: Married Separated Unmarried (including Single, Divorced & Widowed)		Name of bank where your checking account is maintained:	
Are you obligated to make alimony, support or maintenance payments: Yes No			If yes, how much per month:
Current Employer:			How long?
Telephone Number:		Position:	Gross Annual Income:

Other Source of Income (Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation)

Other Income Source:	Monthly Amount (Gross):
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The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights commission administers compliance with this law. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update my credit information at your request if my financial condition changes.

Signature of Applicant:	Date:
Signature of co-applicant:	Date:

Loan Officer Action

Denied: (State Reason)		Counter Offer:
Approved	Approval Rate:	Applicant Credit Score:
Loan Officer Signature:		Date:

Loan Officer Notes: