

Thank you for choosing Gratiot Community Credit Union for your financial needs. Below is a list of items that will help to expedite your loan request.

Important information about applying for a loan:					
• You must be a member at Gratiot Community Credit Union	• There is a \$20 processing fee when your turn in your application				
• ALL applicants must provide proof of your monthly income (most resent paystubs). If	• Complete the application in Ink.				
self-employed, we will need your last 2 years of tax returns	• ALL DEBTS MUST BE LISTED- incomplete applications will be denied				
• Make sure you sign the completed application	• If you need a co-signor, please ask for a co- signor application. Co-signors must provide proof of income.				

IF YOU ARE APPLYING FOR AN AUTO LOAN, YOU WILL NEED:

- **FROM A DEALER:** Dealers slip showing: Year, Make, Vin Number, List of Options, Mileage, & Purchase Amount
- **FROM AN INDIVIDUAL:** Bring Vehicle in for inspection and loan value. We will also need the original title so that we may secure our lien.

PLEASE REMEMBER THAT THE CREDIT UNION IS BASING THEIR DECISION ON THE INFORMATION PROVIDED TO US ON THE APPLICATION, AND THAT BY SIGNING THE APPLICATION, YOU ARE STATING THAT ALL THE INFORMATION IS CORRECT AND THAT ALL YOUR DEBTS ARE LISTED.

Upon approval, please call to make an appointment to sign and pick up your loan.

Gratiot Community Credit Union

211 West Center Street Alma MI 48801 989-463-8321 855 East Center Street Ithaca MI 48847 989-875-6184

Gratiot Community Credit Union Loan Application 211 West Center Street Alma, MI 48801 Bratiot Community Credit Union Loan Application 855 East Center Street Ithaca, MI 48847									
PURPOSE OF LOAN	Amount Req	uested For How	v Long?	COLLA	TERAL				
() New Auto () Used Auto	\$	() Used RV () De	bt Consolidation () Loan Special	() Other:				
APPLICANT DATA	Lest Name			Initial		Social Security Number		Date of Birth	
		City	State		Zip		How Long?		
Previous Address (If Less Than 3 Years At Present Address)								How Long?	
Employer (Company Name a		Working Now?	How Long	Position			Monthly Salary		
			() Yes () No		~				
Previous Employer/Address (If Less Than 3 Years)				How Long Position			Telephone	Number	
Number of Dependents	Home/Cell P	hone:	Work Phone Nun	nber:	I	Driver's License No:	1		
OTHER INCOME	Amount: \$		Source:						
CO-APPLICANT DATA	Last Name	First Na	me	Initial		Social Security Number		Date of Birth	
Present Address			City		State		Zip	How Long?	
Previous Address (If Less Than 3 Years At Present Address)								How Long?	
Employer (Company Name a	& Address)		Working Now?	How Long	Position			Monthly Salary	
Previous Employer/Address (If Less Than 3 Years)		() Yes () No	How Long	Position	Telephor		Number		
Number of Dependents Home/Cell Phone:		Work Phone Nun	nber:	er: Driver's License No:					
OTHER INCOME	Amount: \$		Source:						
CREDIT & FINAL	NCIAL	Checking Account			-	ount Number:			
DATA Where:		Balance: Where		Where			Balance:		
Are you: () Renting () Buying () Living with family () Own home			andlord (Name & A	ddress) Balance				Monthly Payment	
DEBTS: Please <u>list ALL de</u> (Attach additional sheet if a		rge accounts, installme	ent contracts, credit	cards, and other	obligations.				
Name Of Creditor Account No.		Account No.	Name In Which Account Is Carried		Is Carried	Balance		Monthly Payment	
REFERENCES Name/Address:							Phone:		
KEFEKENCES	Name/Add	lress:						Phone:	
Are you obligated to make Alimony, Child Support, or Maintenance Paymer			Applicant nts? () Yes () No			Co-Applicant () Yes () No			
If yes, to whom: Are you a Co-maker, Endorser, or Guarantor on any loan or contract?			() Yes () No			() Yes () No			
If yes, for whom: Where: Where:						Payment:			
Are there any Unsatisfied Judgments/Declared Bankruptcy in the last 10 years If yes, where:			rs? () Yes () No		() Yes () No Year?				
I understand that I may purch () I do not want this coverage		and/or disability insur () I do want this co		Any uninsured ba	alance is payable	e upon death.			
CREDIT		• •		on in connection	with this applic	cation and grant permission	for this		
VERIFICATION	retention. I/We warrant that all information contained in this application is true and complete.								
() Individual Account		() Joint Account	Initials:						
Applicant's				Co-applica	nt's				
Signature				Signature					