



LOAN APPLICATION

Membership #

MAIN OFFICE
 611 Centerville Road – Lancaster, PA 17601
 PHONE: 717.898.7673 – 1.800.527.5140
 FAX: 717.537.4713

FOR OFFICE USE ONLY
 Credit Score: _____ Tier: _____
 Co-applicant Score: _____
 Application Date: _____

Are you or someone in your immediate family in the active military? YES NO
 Are you a US Citizen? YES NO

| | | |
|---|---|--|
| Life Insurance: SINGLE JOINT NONE | Disability Insurance: SINGLE JOINT NONE | GAP Insurance: PREPAID PROCEEDS NONE |
|---|---|--|

Loan Amount: \$ _____ Desired Monthly Payment: \$ _____ Desired Term: _____

Personal Vehicle Line of Credit Affordable Alternative Share/CD Secured

Loan Purpose:

Collateral Info:

BORROWER INFORMATION

| | | | | | |
|------------------------------------|-----------|------------------|---------------------|-------------------|--------------------------|
| First Name | MI | Last Name | Date of Birth | Social Security # | Phone Number H: C: |
| Address | | | RENTING | BUYING | OWN |
| | | | LIVE WITH RELATIVES | Payment: _____ | |
| E-mail Address: | | | | | |
| Source of Income | How Long? | Salary (H/W/M/A) | Job Title | Phone # | |
| Source of Income | How Long? | Salary (H/W/M/A) | Job Title | Phone # | |
| Other Income | | | Other Income | | |
| Reference (not living with you) | | | | | |
| Name: _____ | | | | | |
| Phone #: _____ Relationship: _____ | | | | | |

LOAN APPLICATION

CO- BORROWER INFORMATION

| | | | | | |
|------------------------------------|-----------|------------------|--------------------------------|--------------------------|--------------------------|
| First Name | MI | Last Name | Date of Birth | Social Security # | Phone Number H: C: |
| Address | | | RENTING LIVE WITH RELATIVES | BUYING Payment: _____ | OWN |
| E-mail Address: | | | | | |
| Source of Income | How Long? | Salary (H/W/M/A) | Job Title | Phone # | |
| Source of Income | How Long? | Salary (H/W/M/A) | Job Title | Phone # | |
| Other Income | | | Other Income | | |
| Reference (not living with you) | | | | | |
| Name: _____ | | | | | |
| Phone #: _____ Relationship: _____ | | | | | |

RELATIONSHIP TO APPLICANT: _____

Correspondence Agreement

You agree, in order for us to service your account or to collect monies you may owe, that we and/or our agents may contact you by telephone and/or text message at any telephone number associated with your account, including wireless telephone numbers. We and/or our agents may also contact you by email using any email address you provide. Methods of contact may include the use of pre-recorded voice messages and/or the use of an automated telephone dialing system, as applicable.

I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining credit.
I authorize Wheatland Federal Credit Union to verify employment and obtain a copy of my credit report

BORROWER SIGNATURE - DATE

IDENTIFICATION # EXPIRATION

CO-BORROWER SIGNATURE - DATE

IDENTIFICATION # EXPIRATION