

LOAN APPLICATION FORM



Robert Owen Montgomeryshire Credit Union Ltd
26 Market Street, Newtown, Powys, SY16 2PD

Loan number: _____

Please complete all sections of this form in **BLOCK CAPITALS**

Please provide the following:

Proof of all your income

- your last 3 pay slips
- benefits books
- savings accounts.

Proof of expenditure

- your last 3 bank statements - all banks, plus partners (if applicable)
- rent book
- mortgage statement
- a utility bill (within the last 3 months)
- statement/repayment book for other debts/loans (if applicable)

Are you

- retired
- employed permanently
- self Employed
- unemployed
- temporary or short-term contract
- on long-term sickness

Employer's name
(if applicable)

Employer's address:

Postcode

Occupation:
How long have you worked in your present job? years

Name

Membership Number

National Insurance Number

Date of birth

Telephone (home)

Telephone (mobile)

Address

Postcode

Number of dependants [] under 4 and [] 4 or more years.

Are you married, single, cohabiting or widowed?

Are you a house owner outright, buying your house, a lodger, living with parents, in temporary accommodation, private tenant, a housing association tenant or a Council tenant?

If you own your house, what is the value £

How much do you owe on your mortgage £

How long have you lived at your present address? ____ / ____
years/months

Please list all previous addresses within last 5 years with the dates at each address

Address

Postcode from:..... to:.....

Address

Postcode from:..... to:.....

Address

Postcode from:..... to:.....

Do you have a Bank/Building Society Account? yes no

Do you have an Overdraft Facility? yes no

Does your account have a facility for the Direct Debits or Standing Orders? yes no

Do you have a Cheque Book or Debit Card? yes no

Do you have a Credit Card? yes no

Purpose of loan:

Date loan required (please be specific: do not write "as soon as possible" or "ASAP")

Amount requested £ + existing loan balance £ = total £ Share balance £

I wish to repay my loan by instalments of £ every week fortnight 4-weeks month

I will continue to save £ every week fortnight 4-weeks month

I wish to repay my loan by Standing Order Benefits (direct) Payroll Deduction at a Collection Point

Where would you like to cash your cheque?

Who do you or **your partner** owe money to? (e.g. loans, credit cards, catalogues, hire purchase)

name of creditor/lender	purpose of loan	limit	original amount	balance owing	repayments	<input type="checkbox"/> Weekly <input type="checkbox"/> monthly

OUTGOINGS	weekly	monthly
Mortgage/rent	£	£
Home/contents insurance	£	£
Health insurance	£	£
Gas	£	£
Electricity	£	£
Water	£	£
Telephone and mobile	£	£
Council Tax	£	£
TV licence	£	£
Satellite/cable	£	£
Clothes	£	£
Food/toiletries	£	£
Child care	£	£
Entertainment	£	£
Cigarettes/alcohol	£	£
Credit cards	£	£
Hire purchase	£	£
Catalogue payments	£	£
Car Tax & insurance	£	£
Petrol/MOT	£	£
Gifts/Christmas	£	£
Rental, TV, etc.	£	£
Court Orders	£	£
Other loans	£	£
Other	£	£
TOTAL	£	£

INCOME	weekly	fortnightly	4-weekly	monthly
(If on benefits, state the type)				
Your income				
Spouse's or partner's income				
TOTAL				

INCOME minus OUTGOINGS (including partner's)
 £ per week fortnight month

Do you or anyone in your household have any of the following?

Default notices yes no
 Charging Orders yes no
 County Court Judgement yes no
 Administration Order yes no
 Individual Voluntary Arrangement yes no
 Bankruptcy Notice? yes no

For each YES, please give full details on a separate sheet.

Are you in Good Health? yes no
 If NO please give details

I declare that the information that I have supplied is true and accurate. I authorise you to make any enquiries you feel necessary for confirmation of the information contained in this application and for the purpose of credit assessment. Any agreement to provide the loan to which this application relates will be constituted as a credit agreement being signed by me and the Credit Union in accordance with the consumer Credit Act 1974: and that you may disclose information about me for the purposes of this application to other Credit Unions and their employees and agents for debt recovery purposes. I authorise the release of information to the CUNA Mutual group for credit union insurance purposes.

Signed date

Loan Committee decision: approved refused conditional referred Cheque Number

Comments

Signed date