St. Joseph Mercy Hospital Pontiac Federal
CREDIT UNION
44555 Woodward Avenue, Suite 90
Pontiac, Michigan 48341
(248) 334-4559 • Fax: (248) 858-3187

Personal and Credit Information

To be completed by applicants and comakers for Revolving Credit and Line of Credit Plans and comakers for Closed End Loans. Use also for periodic update of information.

Please Print or Type **Account No.**_____ **Date**____/____/____

FIRST NAME	INITIAL	LAST NAME	BIRTH DATE / /
RESIDENCE ADDRESS	CITY	STATE ZIP CODE	YEARS THERE
TELEPHONE NUMBER ( )	SOCIAL SECURITY NUMBER	NUMBER OF DEPENDENTS (EXCLUDING SELF)	THIS INFORMATION NEED NOT BE GIVEN FOR LINE OF CREDIT → ☐UNMARRIED ☐MARRIED ☐SEPARATED
LAST PREVIOUS ADDRESS	CITY	COUNTY STATE	YEARS THERE
NOW EMPLOYED BY	DATE EMPLOYED / /	SCHEDULED HOURS ☐WEEKLY ☐BI-WEEKLY	HOURLY RATE
COMPLETE BUSINESS ADDRESS		TELEPHONE AT WORK ( )	POSITION
PREVIOUS EMPLOYER	ADDRESS	POSITION	YEARS THERE / MONTHLY INCOME
OTHER INCOME (EXCLUDE ALIMONY, CHILD SUPPORT AND MAINTENANCE PAYMENTS) $ ☐WEEKLY ☐BI-WEEKLY ☐MONTHLY	SOURCE		DRIVERS LICENSE NUMBER
1. NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (NOT SPOUSE)	COMPLETE ADDRESS	PHONE	RELATIONSHIP
2. OTHER REFERENCE	COMPLETE ADDRESS	PHONE	
NAME OF BANK	SAVINGS ACCT. #	CHECKING ACCT. #	

You are not required to disclose income from alimony, child support or maintenance but if you want it considered in connection with this application, complete the following:

☐ ALIMONY ☐ CHILD SUPPORT ☐ MAINTENANCE

$ PAYOR

HOW LONG HAVE PAYMENTS BEEN MADE?

ARE PAYMENTS UP TO DATE? ☐YES ☐NO

If you are relying on your spouse's income as a basis for repayment, complete the following:

SPOUSE'S NAME	BIRTH DATE
EMPLOYED BY	DATE EMPLOYED
SOCIAL SECURITY NUMBER	MONTHLY INCOME

STATE OF TOTAL INDEBTEDNESS AND LIABILITIES
(THIS SECTION MUST BE ANSWERED)

OWED TO	SECURITY	AMOUNT PAST DUE	BALANCE OWING	MO. PAYMENTS
MTGE. OR RENT				
AUTO LOAN				
CREDIT UNION				
CREDIT CARD				
CREDIT CARD				
CREDIT CARD				
CHILD SUPPORT, ALIMONY OR MAINTENANCE				
OTHER				
ATTACH ADDITIONAL LISTING IF NECESSARY				

HOME: ☐OWN ☐RENT	YEARS THERE	ESTIMATED MKT. VALUE OF HOME $	MAKE OF AUTO 1	YEAR	MAKE OF AUTO 2	YEAR

ARE YOU A COMAKER ON ANY OTHER LOANS? ☐YES ☐NO HAVE YOU EVER TAKEN BANKRUPTCY? ☐YES ☐NO

HOW MUCH? FOR WHOM? HAVE YOU ANY LEGAL PROCEEDINGS PENDING AGAINST YOU? ☐YES ☐NO

Sign below - I present this information truly and correctly stated to the best of my knowledge and for the purpose of obtaining credit from the Credit Union. I have no other debts.

SIGNATURE: APPLICANT - MEMBER