

# NEW ORLEANS PORT COMMISSION EMPLOYEES CREDIT UNION APPLICATION FOR LOAN

TYPE OF LOAN \_\_\_\_\_

DATE: _____	I HEREBY APPLY FOR A LOAN IN THE AMOUNT OF _____ TO BE USED FOR THE FOLLOWING PRODUCTIVE PURPOSE/S. _____
ACCT. #: _____	

**1. YOURSELF**      PORT EMPLOYEE       FAMILY MEMBER OF \_\_\_\_\_  
 PORT RETIREE       FORMER PORT EMPLOYEE

_____ LAST NAME	_____ FIRST	_____ MIDDLE	_____ BIRTH DATE	_____ AGE	_____ SOCIAL SECURITY NO.
_____ STREET ADDRESS		_____ CITY	_____ STATE	_____ ZIP	
_____ AT PRESENT ADDRESS	_____ HOME PHONE	_____ DRIVERS LICENSE NO./EXP.	_____ STATE	MARTIAL STATUS	
YRS. _____ MO. _____				SINGLE <input type="checkbox"/>	SEPARATED <input type="checkbox"/>
				MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
_____ PREVIOUS ADDRESS		_____ CITY	_____ STATE	_____ ZIP	

**2. YOUR INCOME**      MONTHLY MORTGAGE OR RENT \$ \_\_\_\_\_

_____ SUPERVISOR	_____ DEPARTMENT	_____ BUSINESS PHONE	_____ DATE EMPLOYED	_____ GROSS MONTHLY SALARY
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THE OBLIGATION, ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME RECEIVED UNDER			<input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL UNDERSTANDING	\$ _____ OTHER INCOME
				_____ SOURCE

**3. YOUR SPOUSE**

_____ LAST NAME	_____ FIRST	_____ MIDDLE	_____ BIRTH DATE	_____ SOCIAL SECURITY NO.	_____ GROSS MONTHLY SALARY
_____ EMPLOYER	_____ DEPARTMENT	_____ POSITION	_____ EMPLOYERS PHONE NO.	_____ DATE EMPLOYED	
_____ EMPLOYERS STREET ADDRESS			_____ CITY	_____ STATE	_____ ZIP
				_____ DRIVERS LICENSE NO./EXP.	_____ STATE

I HEREBY CERTIFY THAT ALL STATEMENTS MADE INCLUDING THOSE ON THE ATTACHED PAPERS HERETO, ARE TRUE AND COMPLETE AND SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT. I AUTHORIZE THE PORT OF N.O. C.U. WHO SHALL INCUR NO LIABILITIES OF SAID INVESTIGATIONS, TO INVESTIGATE MY CREDIT FILE AND PERSONAL BACKGROUND FROM TIME TO TIME AS IT DEEMS NECESSARY TO MAKE INQUIRIES PERTAINING TO MY EMPLOYMENT, CREDIT STANDING AND MY FINANCIAL RESPONSIBILITY. I UNDERSTAND THAT ANY FALSE INFORMATION AND STATEMENTS MADE BY ME ON THIS APPLICATION WILL BE CAUSE FOR THE DISAPPROVAL OF THIS LOAN.

SIGNATURE (X) \_\_\_\_\_ DATE \_\_\_\_\_

CO-SIGNATURE (X) \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

CREDIT COMMITTEE USE ONLY

ON \_\_\_\_\_ THE CREDIT COMMITTEE MET AND APPROVED / DISAPPROVED THIS  
APPLICATION FOR A LOAN IN THE AMOUNT OF \_\_\_\_\_

\_\_\_\_\_  
CHAIRMAN                      MEMBER                      MEMBER                      MEMBER