CREDIT APPLICATION

LONDON CIVIC EMPLOYEES' CREDIT UNION

343 Dundas Street, London, ON N6B 1V5 Tel: (519) 661-4563 Fax: (519) 663-9369

Amount Requested:	Purpose:	
Circle Type: Loan Mortgage Line of Credit Overdraft Protection	Date:	Member #:

PERSONAL INFORMATION

Last Name First Initial	Date of Birth (mm/dd/yy)	
	Social Insurance Number	
	Marital Status	No. Dependents
Spouse's Name	Date of Birth (mm/dd/yy)	
	Social Insurance Number	
Present Address		Years There
		Telephone #
Previous Address (if less than 3 years at present)		Years There

EMPLOYMENT INFORMATION

Name of Employer	Department/Position	Work Telephone #
	Annual Salary	Years There
Previous Employer (if less than 3 with present)	Position	Years There
Spouse's Name of Employer	Department/Position	Work Telephone #
	Annual Salary	Years There

OTHER INCOME

Specify Source: (Pension, Rental, Part-Time, Support, etc.)	Annual Amount

FINANCIAL INFORMATION

ASSETS			**LIABILITIES**				
	Year Purchased & Price	Market Value	Mortgage Co.	Taxes	Condo Fee	Balance	Payment
Residence							
Other real Estate							
(Vehicles, RRSP, GIC, Accounts, etc)			**(Loans, Leases, Credit Lines, Credit Cards, etc)**				
Other Assets - Description		Value	Owing To			Balance	Payment
			Support			----------	
			Monthly Rent			----------	
			Total				
Total			**Net Worth**				

The undersigned is not indebted to any other credit union, bank, loan agency, store or individual merchant, either as maker or endorser, except as stated above. The statements herein are made for the purpose of obtaining credit, and are true to the best of my knowledge and belief. I authorize the credit union to obtain such factual and investigative information regarding me from others as permitted by law and to furnish other credit grantors and any credit bureau particulars of this credit application. In addition, I hereby acknowledge notice from the credit union that a consumer report containing credit information may or will be referred to in connection with this application for credit or any renewal or extension thereof.

APPLICANT-MEMBER SIGNATURE

CO-APPLICANT

Please fax completed form to (519) 663-9369 or bring it to our office.