



Cities Credit Union Quick Loan Application

Member Number (if a current member- if not, N/A): _____

Primary borrower's name: _____

Address: _____

Preferred contact phone#: _____ Best time to contact: _____

Social Sec #: _____ Date of Birth: _____

Income: \$ _____ Per hour / Bi-weekly / Annually

Monthly Mortgage – Rent payment (circle one) \$ _____

Joint Applicant's Name: _____

Joint Applicant's address (if different): _____

Preferred contact phone#: _____ Best time to contact: _____

Joint applicant SSN: _____ Joint Date of Birth: _____

Income: \$ _____ Per hour / Bi-weekly / Annually

Monthly Mortgage – Rent payment (circle one) \$ _____

For Auto Loan Refinancing:

Please complete this information pertaining to your current vehicle/loan:

Year: _____ Make: _____ Model: _____

Current mileage: _____ Current interest rate: _____

By signing this application, you are authorizing Cities Credit Union to pull a credit report on all applicants listed on this page.

Signature

Date

Joint applicant's signature

Date