



# CADDO PARISH TEACHERS' FEDERAL CREDIT UNION

4625 HEARNE AVE – PO BOX 3133 – SHREVEPORT, LA 71108

PHONE (318) 631-5640 - FAX (318) 631-8927

## LOAN VOUCHER

General Information:	
Will you be applying for Individual or Joint Credit: <input type="checkbox"/> Joint <input type="checkbox"/> Individual	
If applying for joint credit, please sign below to verify that you intend to apply for joint credit	
Applicant:	Co-Applicant
Marital Status: Complete marital status if this loan is for:	
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Type of Loan Requested:	
Loan Amount Requested:	Loan Term Requested:
Primary Applicant:	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security # (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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 this obligation.	

Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
<b>Co-Applicant:</b>	
Last Name:	Member Number:
First Name:	Middle Name:
Social Security # (TIN):	Date of Birth:
Number of Dependents:	Ages of Dependents:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Drivers License #:	Drivers License State:
<i>Home Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
Monthly Payment:	
<i>Previous Address</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Previous Residence:	Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other:
<i>Present Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
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 this obligation.	
Other Income:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income Source:	
<i>Previous Employer</i>	
Name:	Phone Number:
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify):	
Job Title:	Job Start Date:
Job End Date:	
Gross Salary:	per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour

References			
<i>Nearest Relative Not Living With You</i>			
Last Name:		First Name:	
Relationship:		Phone Number:	
Address 1:			
Address 2:			
City:		State, Zip:	
Debts/Monthly Payments:			
List all other debts (for example, auto loans, credit cards, second mortgage, home assoc. dues, alimony, child support, child care, medical, utilities, auto insurance, IRS liabilities, etc.) Please use a separate line for each credit card and auto loan.			
Debt	Monthly Payment	Debt	Monthly Payment
Additional Information			
How would you prefer to be contacted?			
<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other:			
<b>Few Simple Questions</b>			
		Yes	No
Do you have any outstanding judgments?		<input type="checkbox"/>	<input type="checkbox"/>
Have you filed for Chapter 7 or Chapter 13 bankruptcy in the last ten years?		<input type="checkbox"/>	<input type="checkbox"/>
Have you had property foreclosed upon or repossessed in the last seven years?		<input type="checkbox"/>	<input type="checkbox"/>
Are you a party in a lawsuit?		<input type="checkbox"/>	<input type="checkbox"/>
Are you anything other than a U.S. citizen or permanent resident alien?		<input type="checkbox"/>	<input type="checkbox"/>
Is your income likely to decline in the next two years?		<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker, co-signer, or guarantor on any other loans not listed here?		<input type="checkbox"/>	<input type="checkbox"/>
Signatures			
By signing this application, I certify that all the above information is correct to the best of my knowledge. This information categorizes all my debts and obligations. I therefore authorize CPTFCU to verify my employment, credit history, and credit reports necessary for the updating, renewal, or extension of credit being requested. In the event I request, the name and address of any credit bureau used it is understood, CPTFCU, will provide it. I acknowledge and understand it is a federal crime to intentionally provide incomplete or incorrect information when requesting credit from a Federal Credit Union by the NCUA.			
Primary Signature:		Date:	
Joint Owner Signature:		Date:	