

**I.B.E.W. LOCAL #56 FEDERAL CREDIT UNION  
CO-MAKER'S STATEMENT**

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

ADDRESS: \_\_\_\_\_ NOTE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ NO. OF DEPENDANTS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE # (OPTIONAL): \_\_\_\_\_

HOMEOWNERS:  
 MARKET VALUE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

RENTERS:  
 LANDLORD NAME: \_\_\_\_\_ MONTHLY RENT PAYMENT: \_\_\_\_\_

Have you ever been through a Bankruptcy? \_\_\_\_\_ Date Filed: \_\_\_\_\_

Have you any Judgments, Garnishments, or Legal Proceedings against you? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ GROSS MONTHLY WAGES: \_\_\_\_\_

OTHER INCOME YOU WOULD LIKE TO BE CONSIDERED: \_\_\_\_\_

**LIST ALL VEHICLES OWNED BY YOU:**

YEAR	MAKE	MODEL	CREDITOR & ADDRESS	AMT. OWING	MONTHLY PAYMENT

**LIST ALL OTHER CREDITORS AND DEBTS WHICH YOU ARE LEGALLY RESPONSIBLE FOR:**

CREDITORS & ADDRESSES	AMOUNT OWING	MONTHLY PAYMENT
MORTGAGE:		
HOME EQUITY:		
STUDENT LOAN:		
MEDICAL:		
CREDIT CARDS:		
OTHER:		
CHILD SUPPORT/ALIMONY		

ADDITIONAL INFORMATION: (CREDIT REFERENCES, BANK REFERENCES, ETC.)

I hereby certify that all statements made are accurate and complete to the best of my knowledge. The credit union is authorized to check my credit and employment history.

Signature of Applicant

Date