

**DOCUMENTS REQUIRED:
CURRENT PAYSTUB**

Lexington Postal Credit Union
P.O. Box 11001, Lexington, KY 40512
(859) 252-5151 or (859) 254-5871
Fax (859) 252-2984

There is a Processing
Fee on all Approved
Loans

Loan Request

Applicant Date: _____ Member #: _____ Primary Member Name: _____ Home# () _____ Work# () _____ Cell# () _____ Amount Requested: _____ Purpose: _____	Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor Name: _____ SS#: _____ - _____ - _____ Birth Date: _____ Driver's License #: _____ Mother's Maiden Name: _____ Home# () _____ Work# () _____ Cell# () _____
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	Mths	Yrs
Present Address & How Long at Present Address: _____/_____/_____		
_____ _____		
Employer: _____ Address: _____ Supervisor: _____ Hire Date: _____ Position: _____ Income: \$ _____ per _____ Length _____ Other Income: \$ _____ per _____ Other Income Source: _____ Mortgage/Rent: \$ _____ per _____		
Reference - relative not living with you and relation: _____ Address: _____ _____ Phone #: _____		
Do you pay out Child Support? _____ How much \$ _____ per _____		
1. Are you a U.S. Citizen or permanent resident alien? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Is your income likely to decline in the next two years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Are you a co-maker, co-signer or guarantor on any loan not listed above? Yes <input type="checkbox"/> No <input type="checkbox"/>		
For Whom: _____ To Whom: _____		
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_____ _____		
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