



LOAN APPLICATION

Please fill out completely. Fax, mail or bring in your application. Driver's License Photo copy is necessary for Primary and Joint.

Processing may take up to one week. Please note that if you apply for a credit card or loan, an Experian credit report will be pulled.

How are you eligible?

I AM: AN EMPLOYEE OF DUGWAY, A RESIDENT OF DUGWAY, OR RELATED TO A DFCU EMPLOYEE

Application Information:

Type of loan requested: _____ Amount requested \$ _____
 Will there be a co-applicant on this loan? YES NO
 Residence Paid by Applicant Co-Applicant / RENT OWN Monthly Payments _____ How long at residence? _____
 Applicant: Gross Income: \$ _____ ASSETS: Checking \$ _____ Savings \$ _____
 Co-Applicant: Gross Income: \$ _____ ASSETS: Checking \$ _____ Savings \$ _____

Primary Owner of Account:

MEMBER ACCOUNT NUMBER _____
 Name:(L) _____ (F) _____ (M) _____ Date of Birth: _____ Social Security # (TIN) _____
 Residence Address: _____
 City: _____ State: _____ Zip _____
 Employer Name: _____ Employer Phone # _____ Job start Date: _____
 Job Title: _____

Contact Information

Home# _____ Work # _____ Cell# _____
 Personal Email: _____ Work Email: _____

Joint Owner of Account:

Name:(L) _____ (F) _____ (M) _____ Date of Birth: _____ Social Security # (TIN) _____
 Residence Address: _____
 City: _____ State: _____ Zip _____
 Employer Name: _____ Employer Phone # _____ Job start Date: _____
 Job Title: _____

Contact Information

Home# _____ Work # _____ Cell# _____
 Personal Email: _____ Work Email: _____

Relationship to Primary Owner of Account _____

DEBTS:	MONTHLY PAYMENTS	DEBTS:	MONTHLY PAYMENTS

I / We have read and I / we am/are aware of the disclosure/information that is available to me on the second page of this document.

I certify that the statements made on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Credit Union, information concerning me or my affairs. (Sec 1014, Title 13, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application of a Federally Insured Credit Union.)

PRIMARY ACCOUNT HOLDER

SIGNATURE: _____ DATE _____

JOINT ACCOUNT HOLDER

SIGNATURE: _____ DATE _____

BUILDING 5326 VALDEZ CIRCLE, STE 102 DUGWAY, UTAH 84022
Phone: 435-831-4572 Fax: 435-831-4989 Email: dugfcu@cut.net



* In addition to Rent/Mortgage, 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 list individually all credit cards and /or auto loans.

PLEASE NOTE: INCOME VERIFICATION IS REQUIRED; OTHER INFORMATION MAY BE REQUIRED

** Alimony, child support, or separate maintenance income need not be listed unless you choose to have such income considered regarding extension and repayment of the credit requested.

Comments:
