



Joint loans

APPLICATION FORM

JOINT LOAN APPLICATION FORM

Please complete the following information.
All questions MUST be completed to proceed with application.



Ref: JOINT LOANS

A. PERSONAL DETAILS – PRIMARY APPLICANT (BORROWER 1)

First name: _____ Last name: _____
Date of birth: _____ Member no: _____
Telephone no: (home) _____ Telephone no: (work) _____
Mobile no: _____ Email address: _____
Address: _____
Postcode: _____ Time at address - Yrs: _____ Mths: _____

Please supply your previous address details (if you have lived at your current address for less than 3 years):

Homeowner? If yes - Property value: _____ Mortgage outstanding: _____ Tenant
Are you: Married/Living with partner
Single/Divorced/Separated/Widow
No of dependent children

Are you/have you been bankrupt/sequestered or signed a Trust Deed? Yes No Expiry date: _____

If Borrower 2 lives at a separate address, please tick here

B. EMPLOYMENT DETAILS – BORROWER 1

Occupation: _____ Employer: _____
Employed Self-Employed Retired Unemployed
Full-Time Part-Time Contract Contract Expiry Date: _____
Paid - Weekly Fortnightly 4 Weekly Monthly

Length of time with employer - Yrs: _____ Mths: _____

If less than a year, length of time with previous employer - Yrs: _____ Mths: _____

Do you have any serious medical conditions? Yes No

If yes please supply details: _____

Are you currently on sick leave? Yes No

Do you expect your current salary to reduce during the term of the repayment of the loan? Yes No

If yes please supply details: _____

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C. PERSONAL DETAILS – SECONDARY APPLICANT (BORROWER 2)

| | |
|--|---------------------------|
| First name: | Last name: |
| Date of birth: | Member no: |
| Telephone no: (home) | Telephone no: (work) |
| Mobile no: | Email address: |
| Are you: Married/Living with partner <input type="checkbox"/> | Relation to applicant 1?: |
| Single/Divorced/Separated/Widow <input type="checkbox"/> | |
| No of dependent children <input type="checkbox"/> | |
| Are you/have you been bankrupt/sequestered or signed a Trust Deed? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry date: | |

D. EMPLOYMENT DETAILS – BORROWER 2

| | | | |
|--|--|-----------------------------------|-------------------------------------|
| Occupation: | Employer: | | |
| Employed <input type="checkbox"/> | Self-Employed <input type="checkbox"/> | Retired <input type="checkbox"/> | Unemployed <input type="checkbox"/> |
| Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> | Contract <input type="checkbox"/> | Contract Expiry Date: |
| Paid - Weekly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> | 4 Weekly <input type="checkbox"/> | Monthly <input type="checkbox"/> |

Length of time with employer - Yrs: Mths:

If less than a year, length of time with previous employer - Yrs: Mths:

Do you have any serious medical conditions? Yes No

If yes please supply details:

Are you currently on sick leave? Yes No

Do you expect your current salary to reduce during the term of the repayment of the loan? Yes No

If yes please supply details:

E. LOAN DETAILS

| | |
|--|----------------------|
| Amount of loan required: | Date loan required: |
| Reason for loan: | Preferred loan term: |
| How would you like to receive your loan paperwork? In the office <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> | |

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F. JOINT INCOME AND EXPENDITURE DETAILS

Monthly Income

| | |
|--|---|
| Borrower 1 Net income (after all deductions) | £ |
| Borrower 2 Net income (after all deductions) | £ |
| Other regular income total** | £ |

*List all borrowing, overdrafts, credit cards and budget ac/s.

Including working tax credits, child benefit, tax credits etc (please continue on separate sheet of paper if necessary**).

Joint Monthly Expenditure

| If living together fill in column 1 only. If living in two separate houses, fill columns 1 and 2. | 1 | 2 |
|---|---|---|
| Rent/Mortgage | £ | £ |
| Council tax and water | £ | £ |
| Gas and electric | £ | £ |
| Telephone, mobile, TV and broadband | £ | £ |
| Groceries/Petrol/Travel | £ | £ |
| Clothing | £ | £ |
| Insurance (Home, car and life) | £ | £ |
| Entertainment | £ | £ |
| Credit cards/Other loans* | £ | £ |
| Other | £ | £ |
| Total expenses | £ | £ |

| Lender | Purpose | Limit | Amount | Monthly Amount |
|--------|---------|-------|--------|----------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

All information requested above forms a critical part in assessing your loan application. All questions asked must be completed to process your application and an incomplete application will result in unnecessary delays.

Our T's and C's can be found in our joint loan policy on www.capitalcreditunion.com

Primary Applicant's Signature: _____ **Date:** _____

Secondary Applicant's Signature: _____ **Date:** _____

In addition to the above, both applicants must initial EACH page of the application form.