



PARDA Federal Credit Union
 2601 Cambridge Court, Suite 210
 Auburn Hills, Michigan 48326
 Tel: 1 (800) 860-5640
 Fax: 1 (248) 475-2550

HOME EQUITY LOAN APPLICATION

(Please complete Application in ink - NO WHITE OUT OR PENCIL)

This Application is Variable Rate Line of Credit Fixed Rate Loan 120 Months OR 0-84 Months Fixed
 Amount of Request \$ _____ Purpose _____

PROPERTY INFORMATION

Address of: _____
 Legal Description of: _____

 Title in the name of: _____
 Purchase Price \$ _____ Date Purchased _____
 State Equalized Valuation \$ _____ Current Market Value _____

CURRENT MORTGAGE
 Name _____ Balance Owed _____
 Address _____ Account Number: _____
 Phone Number: _____

CREDIT INFORMATION

A. APPLICANT				B. SPOUSE/CO-APPLICANT/CO-BORROWER					
MEMBER NO.	SOCIAL SECURITY NO.		DATE OF BIRTH		MEMBER NO.	SOCIAL SECURITY NO.		DATE OF BIRTH	
FIRST NAME	INITIAL	LAST NAME (JR/SR)		FIRST NAME	INITIAL	LAST NAME (JR/SR)			
CURRENT STREET ADDRESS		APT. NO.	YRS.	MOS.	CURRENT STREET ADDRESS		APT. NO.	YRS.	MOS.
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE	
HOME PHONE NO.		DRIVERS LICENSE NO.			HOME PHONE NO.		DRIVERS LICENSE NO.		
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 2 YEARS)			YEARS		FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 2 YEARS)			YEARS	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE	
A. EMPLOYMENT A Check stub or Federal Income Tax 1040 is required as proof of income. (Please attach)					B. EMPLOYMENT A Check stub or Federal Income Tax 1040 is required as proof of income. (Please attach)				
PRESENT EMPLOYER			PHONE NO.		PRESENT EMPLOYER			PHONE NO.	
ADDRESS (STREET, CITY, STATE, ZIP)					ADDRESS (STREET, CITY, STATE, ZIP)				
POSITION/TYPE OF WORK		SUPERVISOR'S NAME			POSITION/TYPE OF WORK		SUPERVISOR'S NAME		
START DATE	APPLICANT'S SALARY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 15TH & 31ST <input type="checkbox"/> WEEKLY		GROSS \$	COMMISSION/BONUS \$	START DATE	APPLICANT'S SALARY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 15TH & 31ST <input type="checkbox"/> WEEKLY		GROSS \$	COMMISSION/BONUS \$
PREVIOUS EMPLOYER			POSITION/TYPE OF WORK		PREVIOUS EMPLOYER			POSITION/TYPE OF WORK	
ADDRESS (STREET, CITY, STATE, ZIP)					ADDRESS (STREET, CITY, STATE, ZIP)				
A. OTHER INCOME You need not list income from Alimony, Child Support, or Separate Maintenance unless you wish to have it considered for purposes of granting this credit.					B. OTHER INCOME You need not list income from Alimony, Child Support, or Separate Maintenance unless you wish to have it considered for purposes of granting this credit.				
SOURCE OF OTHER INCOME		MONTHLY NET AMOUNT \$			SOURCE OF OTHER INCOME		MONTHLY NET AMOUNT \$		
NAME AND ADDRESS OF PAYER			HOW LONG?		NAME AND ADDRESS OF PAYER			HOW LONG?	
A. REFERENCES									
NEAREST RELATIVE NAME/RELATIONSHIP (NOT LIVING WITH)			(STREET, CITY, STATE, ZIP)		PHONE NUMBER				
PERSONAL REFERENCE			(STREET, CITY, STATE, ZIP)		PHONE NUMBER				

