



LESCO FEDERAL CREDIT UNION

6 Avenue D, Latrobe, PA 15650

(724) 539-9745

www.lescofcu.com

TAKE HOME LOAN APPLICATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Amount to Borrow: \$ _____

Purpose of loan: _____

(If loan is for a vehicle, please write the year/make/model) ***COPY OF SALES AGREEMENT REQUIRED**

Term: _____ Interest Rate: _____

Employer: _____

Address: _____ Business Phone: _____

_____ Number of years employed: _____

Position: _____ Salary: \$ _____ per _____

Vehicles Owned: _____

(Make)

(Year)

(Model)

Mortgage Payment: \$ _____ Monthly Rent: \$ _____

Auto Payment: \$ _____ Auto Loan with: _____

Child Support \$ _____ Alimony: \$ _____

Reference: _____ Phone Number: _____

(Name)

(Relation)

Any Additional Income: _____

*If any, must be able to prove additional income with paystubs or tax forms

Interested in Life Insurance? YES or NO

Interested in Credit Disability Insurance? YES or NO

Interested in GAP Insurance? YES or NO

PLEASE RETURN THIS FORM TO LESCO FEDERAL CREDIT UNION ALONG WITH PROOF OF INCOME AND A CREDIT UNION REPRESENTATIVE WILL CONTACT YOU