



**LESCO FEDERAL CREDIT UNION**  
 2613 Ligonier St., Latrobe, PA 15650  
 (724) 539-9745  
 www.lescofcu.com

# TAKE HOME LOAN APPLICATION

**Please fill out an additional application for joint owner.**

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 (SEND ELECTRONICALLY TO LESCO@LESCOFUCU.COM)**

Term: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Number of years employed: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Vehicles Owned: \_\_\_\_\_

(Make) (Year) (Model) (Miles)

Mortgage Payment and Lender: \$ \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Auto Payment: \$ \_\_\_\_\_ Auto Loan with: \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Reference: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Name)

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 FAX (724)537-2135, EMAIL TO LESCO@LESCOFUCU.COM (YOU CAN EVEN SEND A PICTURE WITH YOUR SMART PHONE) OR RETURN THIS FORM TO LESCO FEDERAL CREDIT UNION, ALONG WITH PROOF OF INCOME, AND A CREDIT UNION REPRESENTATIVE WILL CONTACT YOU.**