

Peoria Bell Credit Union  
 8216 N. University Ave  
 Peoria, IL 61615-  
 Phone: (309) 692-8257  
 Fax : (309) 693-2274



# Application

Married Applicants: May apply for a separate account.  
 Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if:  
 1. you live in or the property pledged as collateral is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI),  
 2. your spouse will use the account, or  
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying.  
 Joint Credit: If you are applying with another person, complete the Applicant and Other sections.  
 Guarantor: Complete the Other section if you are a guarantor on an account/loan.

LOANLINER Account/Loan:  
 (Including ATM/Debit Card Access to the Account if Available)  
 Amount Requested \$  
 Purpose/Collateral:  
 Repayment:

<b>APPLICANT</b>		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS		LENGTH AT RESIDENCE
PREVIOUS ADDRESS		LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS:		
<b>EMPLOYMENT/INCOME</b>	\$	PER
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME		
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
\$	PER	SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE	ENDING/SEPARATION DATE	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE	ENDING DATE
<b>REFERENCE</b>		RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE

<b>OTHER</b>		
NAME		
MOTHER'S MAIDEN NAME	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
AGES OF DEPENDENTS		
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS		LENGTH AT RESIDENCE
PREVIOUS ADDRESS		LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS:		
<b>EMPLOYMENT/INCOME</b>	\$	PER
NAME AND ADDRESS OF EMPLOYER		
TITLE/GRADE	START DATE	HOURS AT WORK
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE

