## Liberty Credit Union Ltd.



Unit 38 (Top Floor)
Vicarage Field
Ripple Road
BARKING
IG11 8DQ

Tel: 020 8507 7436 www.lcu.org.uk

Savings & Loans Designed For You

### **LOAN APPLICATION FORM.**

# PLEASE COMPLETE IN BLOCK CAPITALS. MEMBER DETAILS:

FULL NAME MEMBERSHIP NUMBER					
ADDRESS					
POSTCODE					
<b>Time at current address</b> ( if less than 3 years, please provide details of other addresses in the past 3 years on a separate sheet).					
Date of birthNational Insurance Number//					
Telephone number ( Home) (work)					
EMPLOYMENT DETAILS:					
Employment status: Employed full time, Employed part time, Unemployed, Retired,					
Occupation ( or type of benefit received)					
Name of employer					
Name of employer					
Address of secologic					
Address of employer					
Time with current employer(if less than 1 year please provide details of					
previous employment on a separate sheet).					
LOAN DETAILS:					
Purpose of loanAmount requested £Repayment period (months)					

**Income and expenditure details,** (please include all household income and expenditure and provide the last three months payplips and bank statements. Confirmation of household expenses is also required). Any arrears of payments due should be listed on a separate sheet.

Income Item	£ per month	Expenditure	£ per month		
Average take home pay		Rent / Mortgage payments			
Overtime / bonuses / shift		Council tax			
allowances					
Pension		Electricity			
Other income		Gas			
		Telephone			
		Water rates			
		Groceries			
		Clothing			
		Credit cards / store cards			
		Loan payments			
		Catalogues			
		Hire purchase			
		Leisure / entertainment			
		Pension			
		Insurances (eg home, car)			
		Life Assurance			
		Savings / Investments			
		Other ( please specify on separate			
		sheet)			
		Travelling Costs			
TOTAL (A)		TOTAL (B)			

### **DECLARATION:**

I declare that I am / am not in good health and that I do / do not require regular medical treatment.  ( If you are not in good health, please complete the section below.					
My Diagnosis is:					
My treatment involves:					
Doctors name:					
Doctors address:					
I declare that the information I have given on this form is, to the best of my knowledge and belief, accurate and full information. I accept that as part of the processing procedure, the credit union may search the files of a registered credit reference agency, who will keep a record of that search. I understand that the provision of false information is fraud and that the credit union may take appropriate action if I am found to have deliberately provided false or misleading information.					
Applicants signature: Date					

### **OFFICIAL USE ONLY:**

Date application received	Approved	Refused	referred
Comments / reasons			
Date member informed	Authorised by		