

# LOAN APPLICATION FORM

## ABOUT YOU

Surname: ..... Forename(s): .....

Previous Name: .....

Date of Birth:

Address: .....

Postcode: .....

National Insurance Number:

Telephone Number: ..... Mobile number: .....  
*(To receive updates via text)*

Membership Number (if known):  Email: .....

## ABOUT WHERE YOU LIVE

Are you a UK resident?      **YES**      **NO**      \*please circle

**For non UK Citizens, Passport and /or Home Office Leave to Remain document is required**

How long have you lived at current address?      Years .....      Months .....

If less than three years, please give details of previous address: .....

.....

Status:      Married       Single       Cohabiting       Widowed       other

Number of dependents under 16: .....

At your current address, are you:

Owner       Council Tenant       Private Landlord

Housing Association       With family/friends       Other (specify below)

.....

.....

## ABOUT YOUR EMPLOYMENT STATUS

Are you

Employed  Full Time  Part Time  Self-employed   
 Unemployed  Sick  Retired  Student  Other

How long has this been your employment status?

Years ..... Months .....

Are you on a temporary contract: Yes  No

Expiry date of temporary contract .....

Employers name and address: .....

Works Telephone number: ..... Works ID Number: .....

If the address above is a head office, please state where you are based most of the time:

If self-employed, please state trading name: .....

## ABOUT YOUR TAKE HOME INCOME (Please tick if your details are weekly or monthly)

		Weekly	Monthly			Weekly	Monthly
Wages/Salary	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Tax Credits	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Wages/Salary (partner)	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	DLA/PIP	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Carer's Allowance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Employment Support	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Pensions	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Family Contribution	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Other	£ .....	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOUR HOUSEHOLD EXPENDITURE (Please tick if your details are weekly or monthly)

		Weekly	Monthly			Weekly	Monthly
Rent/Mortgage	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Credit Cards	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Endowment	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Hire Purchase	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Other Loans	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Car Loan	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Car Insurance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Fares/Petrol costs	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Gas	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Pension Contributions	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Telephone (home)	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Other Savings	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Telephone (mobile)	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Contents Insurance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
TV/Internet (eg Sky, Virgin)	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Building Insurance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
TV License	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Life Assurance	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Food and other shopping	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Childrens' Clubs	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Catalogues	£ .....	<input type="checkbox"/>	<input type="checkbox"/>	Credit Union Payments	£ .....	<input type="checkbox"/>	<input type="checkbox"/>
Water Rates	£ .....	<input type="checkbox"/>	<input type="checkbox"/>				

Please ensure you have included your partner's expenditure if you have included their income in the section above

## OUTSTANDING BALANCES (Credit cards, catalogues, Home Shopping, Store Cards etc)

Company: ..... Balance £ ..... Instalment £ .....

Company: ..... Balance £ ..... Instalment £ .....

Company: ..... Balance £ ..... Instalment £ .....

Company: ..... Balance £ ..... Instalment £ .....

Company: ..... Balance £ ..... Instalment £ .....

Company: ..... Balance £ ..... Instalment £ .....

## CREDIT HISTORY

Do you have any county court judgements against you? YES  NO

Have you been declared bankrupt at any time in the past 5 years? YES  NO

Are you currently an undischarged bankrupt? YES  NO

Have you signed an IVA at any time in the past 5 years? YES  NO

Have you signed a DMP (Debt Management Plan) at any time in the past 5 years? YES  NO

Are you currently in the process of arranging an IVA, DMP or bankruptcy? YES  NO

If you have answered yes to any of the above questions, please give full details below. This will not necessarily prevent or loan being granted, but you will need to tell us your credit history.

.....

.....

.....

.....

## ABOUT THE LOAN YOU ARE APPLYING FOR

Please tell us what the loan will be used for and the amounts required.

Item (s) .....

Amount £ .....

Total loan required £ .....

I wish to repay the loan at £ ..... Plus £ ..... Savings

### About the frequency of your repayments

Weekly  Monthly  Fortnightly  4 Weekly

### About the method of repayment

Standing order  Payroll Deduction  Cash/Paypoint

If your loan is approved funds will be deposited into your bank account within 24 hours, so please supply:

Name of Bank: ..... Sort Code

Account Number: ..... Account name(s) .....

Repayments can be made by standing order from your chosen account.

# HEALTH STATUS

Have you received treatment or medical advice/consultation for an illness or injury within the last six months?

YES

NO

Do you take regular medication for a pre-existing condition?

YES

NO

If you answered yes to the above questions please provide details:

.....

.....

.....

## Data Protection

In accordance with the principles of the Data Protection Act 1998, Harlowsave will use your personal details for the purposes of managing your accounts with the credit union. Your personal details will be treated confidentially and will only be shared with other agencies for the purposes of credit referencing, project monitoring, and/or debt recovery.

For the purpose of this application, Harlowsave is the Data Controller as defined by the Data Protection Act 1998.

## Declaration and consent

*Please read carefully before signing.*

- I confirm that the information which I have provided is to the best of my knowledge true and accurate, and I have provided supporting documentation as detailed in appendix 1.
- I acknowledge and agree to Harlowsave Credit Union and its partners carrying out searches to verify the information I have provided. I understand that such verification may include contacting referees provided in my application and/ or consulting with credit reference agencies, who may share my information with other organisations for credit referencing and crime prevention purposes.
- In connection with my application, I acknowledge and consent to:
  - Harlowsave and its partners keeping a record of any search carried out to verify the information I have provided;
  - Harlowsave may pass on any information I have supplied and the results of any linked checks; and
  - Harlowsave may use debt collection agencies or tracing agencies to recover monies owed.
- I understand that I will be required to maintain the minimum savings level of either £2.50pw or £20 pcm throughout the term of my loan repayment.
- I understand that I may not withdraw my savings until my loan is repaid (other than any savings in excess of the loan value.)
- I understand that if I fail to repay the loan (default) I will be liable for the costs of recovery including legal costs and a £75 administrative charge towards the Credit Unions costs.
- I agree that if I default on repayments, information regarding my loan may be passed to the Department of Work and Pensions for consideration. This could affect the benefits I am, or will become entitled to.
- I have read and understood the data protection statement regarding data sharing and agree to information being shared for non-commercial project monitoring purposes with credit union funders.

Applicant's signature: ..... Date: .....

## WHAT ARE YOU ENCLOSING WITH THIS FORM

Please provide the following information to support your application:

Bank statements for the last three months, for all bank accounts that you hold. Statements should show bill payments and income. If expenditure is shared (with a spouse or partner for example), please provide their bank statements.

Bills and receipts to support housing and utility expenditure

Proof of income for the last three months

Statements for any current loans, credit cards or other borrowing

Proof of home ownership (if applicable)

## DECLARATION

Partners Income Declaration

If you included your partners income with this application they are required to sign below to acknowledge that their details have been included and form part of the assessment of your loan application.

Partners Signature ..... Date .....

## FOR OFFICE USE ONLY (Credit Committee members to complete)

We approve / decline a loan for £ .....

To be paid back at £..... plus £ ..... savings per **week/fortnight/month/4 weekly**  
(savings must be **at least** £2.50 per week or £20 pcm)

Approved on the date: .....

### Authorised Signatories

Signed

Print names

..... DATE.....

..... DATE.....

Member notified by (name) .....

Agreement signed, BACS issued (date) .....

**Secure Savings | Ethical Investments | Low Cost Loans | Young Savers Accounts | Profit Sharing Dividends**

**Members' Line:** 01279 451234 **Email:** admin@harlowsave.coop **Web:** [www.harlowsave.coop](http://www.harlowsave.coop)

Registered Office: The Central Library, Cross Street, Harlow CM20 1HA

Harlowsave Credit Union Limited is authorised *by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority*, Firm Number 213273