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| **Failure to complete any sections will result in your application being delayed** |

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| **Date** |  / / |
| **MEMBER DETAILS** |
| **Full Name** |  | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms |
| **Member Number** |  | **Date of Birth dd/mm/yy** |  / / |
| **NI Number** |  |  |  |
| **Address** |  |  |  |
|  |  | **Post Code** |  |
| **Time at this address** |  **Years** **Months** | If less than 3 yrs state previous address below |
|  How long at this address? [ ]  Years  |
| **Are you?** |  [ ]  Home Owner [ ]  Private Tenant [ ]  With Family [ ]  With Housing AssocIf with Housing Assoc, please state which |
| **Ethnicity – are you** | [ ]  White British [ ]  White Non-British [ ]  Black [ ]  Asian [ ]  Chinese [ ]  Other[ ]  Prefer Not to Say  |
| **Have you ever had** | A Payday/Doorstep Loan? [ ]  A Social Fund Loan? [ ]  |
| **Home Tel. Number** |  | **Mobile number** |  |
| **Email Address** |  |
| **Preferred Contact** | By email [ ]  By Text Message [ ]  |
| **Marital Status** | [ ]  Single [ ]  Married/Partner [ ]  Other | **No of Children** |  | **Ages** |  |

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| **EMPLOYMENT DETAILS** |
| **Employment Status** | [ ]  Employed [ ]  Unemployed [ ]  Retired [ ]  Sick/Disabled [ ]  Other |
| **Job Title** |  |
| **Employer Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Payroll No/Dept** |  | **Time with Employer** |  |

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| **DETAILS OF LOAN REQUIRED** |
| **Amount Required** | **£** | **Purpose of Loan** |  |
| **Repayment Amount** | **£** | **To be Repaid** | Weekly [ ]  Fortnightly [ ]  4 Weekly [ ]  Monthly [ ]  |
| **Repayment Method** | [ ]  Standing Order [ ]  Payroll Deduction [ ]  Benefits |
| **How is Loan to be Paid?** | [ ]  Into a Bank Account [ ]  Onto Abcul Card [ ]  Into Engage Account  |
| **Name of Bank** | **Name on Account** | **Sort Code** | **Account Number** |
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| **CREDIT INFORMATION****Who else do you owe money to? Please list all loans, credit cards, catalogues, HP etc.****WE WILL BE CARRYING OUT A CREDIT REFERENCE AGENCY SEARCH TO CONFIRM THESE DETAILS. ANY FAILURE TO DIVULGE INFORMATION WILL AFFECT THE LOAN DECISION.** |

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| **Name of Lender** | **Purpose of Loan** | **Limit** | **Original Amount** | **Balance Owing** | **Weekly/Monthly Repayments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Total** |  |  |  |

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| **FINANCIAL DETAILS** |
| **Income** | **Wkly** | **Ftntly** | **Mthly** | **Expenditure** | **Wkly** | **Ftntly** | **Mthly** |
| **Your Wages** |  |  |  | **Rent/Mortgage** |  |  |  |
| **Partner’s Wages** |  |  |  | **Council Tax/Water** |  |  |  |
| **Child Benefit** |  |  |  | **Gas & Electricity** |  |  |  |
| **Working Tax Credit** |  |  |  | **TV/Phone/Mobile/Broadband** |  |  |  |
| **Child Tax Credit** |  |  |  | **Shopping** |  |  |  |
| **State Pension** |  |  |  | **Clothing** |  |  |  |
| **Pension Credit** |  |  |  | **Catalogues/HP** |  |  |  |
| **Universal Credit** |  |  |  | **Credit Cards/Loans** |  |  |  |
| **Job Seeker’s Allowance** |  |  |  | **Travel/Petrol** |  |  |  |
| **DLA/PIP** |  |  |  | **Car Repayments** |  |  |  |
| **ESA/Incapacity Benefit** |  |  |  | **Car Expenses** |  |  |  |
| **Income Support** |  |  |  | **Insurance (Home, Car, Life)** |  |  |  |
| **Carer’s Allowance** |  |  |  | **Cigarettes/Alcohol** |  |  |  |
| **Attendance Allowance** |  |  |  | **Meals Out/Takeaways** |  |  |  |
| **Child Support** |  |  |  | **School Meals etc.** |  |  |  |
| **Housekeeping** |  |  |  | **Other Expenditure** |  |  |  |
| **Other Income** |  |  |  |  |  |  |  |
| **Total Income** |  |  |  | **Total Expenditure** |  |  |  |

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| **Do you have any arrears, missed payments, CCJ’s or Debt Management Plan?** | [ ]  Yes [ ]  No |
| **Are you in the process of applying for a Bankruptcy, IVA or Debt Relief Order?** | [ ]  Yes [ ]  No |
| **Are you receiving any regular medical treatment (if yes please detail separately)** | [ ]  Yes [ ]  No |

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| I understand that non payment of this loan may result in court proceedings against me and/or anyone who acts as my guarantor. If you have declared your partner’s income details as part of your overall income in applying for this loan, your partner will need to sign below confirming agreement for their information to be used in considering the loan and its repayment.If you are asked to provide a guarantor for this loan, the guarantor must complete a separate income and expenditure form.**Data Protection Statement:** in accordance with the principles of the Data Protection Act 1998, I understand that Central Liverpool Credit Union Ltd (CLCU) will use my personal details for the purposes of managing my accounts with the credit union. My information will be treated as confidential and only disclosed a) at my request, b) to the credit union’s agents in managing my accounts, c) in the public interest d) to prevent fraud or by order of the Courts. I also understand that I am entitled to a copy of the information held about me by applying in writing and that a fee may be charged for the provision of the information.

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| **Declaration:** I declare that the information I have given on this form made for the purpose of obtaining the loan is, to the best of my knowledge and belief, accurate and full. 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. I understand that, if subsequent to this loan application, I complete an income and expenditure application with the CAB or any other money advice agency that differs materially from this application (without sufficient explanation) CLCU may consider this application fraudulent and take appropriate action. I authorise CLCU to make any credit reference and other enquiries in accordance with their normal procedures in connection with this application. If I default on repayments and I am employed, I understand that CLCU may apply to the court for an attachment of earnings order. I agree that, If I default on repayments and am in receipt of state benefit, information about my loan may be passed on to the Department for Work and Pensions for their consideration of deductions from the benefits that I am or will become entitled to.**Statement of Insurability:** I declare that to the best of my knowledge and belief, I do not have a life threatening condition, except as stated below. I understand that making a false declaration may affect any insurance claim.**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If I have used my partner’s income in this application they must sign here to confirm they agree that their information is correct and can be used in consideration of the loan application, that they understand that checks may be used on this Form, including licensed Credit Reference Agencies, and that they also agree to the declaration above.**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Partner’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Loan Officer’s Decision: Loan Value £\_\_\_\_\_\_\_\_\_\_\_\_\_ @ £\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |