

**Tracy Economic Development Authority**

372 Morgan St., Tracy, MN 56175 Ph. (507) 629-5540 Fax (507) 629-5530

This Application is for (Circle two) Secured Credit Joint Account Separate Account

I hereby make application for a personal loan of \$ \_\_\_\_\_

Terms \_\_\_\_\_ to be used for \_\_\_\_\_

1	Full Name		Social Security # - -		Date of Birth / /	
	Street Address		Apt. #		Home Phone ( ) -	
	City		County		State	
					Zip	
	Current Employer		Position/Title			
	Street Address		City		State	
					Zip	
	Personal Reference		Address			
	City		State		Zip	
	* For Joint Accounts Only					
Second Name*		Address		City		

2	<b>First Person - Credit Services Only</b>					
	How long with current employer			Present Monthly Salary		
	Previous employer		How long		Position	
	Street Address		City		State	
					Zip	
	Do you Own		Original Purchase Price		Year Purchased	
	Rent		Landlord		Estimated Market Value	
	Former Address		City		State	
					Zip	
	Auto Make(s) Model(s) Year(s)				How long	
Marital Status			Unmarried / Married / Separated			
<small>(Complete only if: 1) You desire a joint account, or 2) For credit consideration you wish to rely on a second persons income)</small>			Dependents			
Other Income		<small>(Income from Alimony, Child Support, and Maintenance Payments need not be revealed unless you wish such income to support a request for credit)</small>				
Nature of Income		Amount				

3	<b>Second Person - Credit Services Only</b>					
	Complete Only If		You desire a joint account, or			
	(Please Circle one)		You want an individual account, but wish to also rely on this person's income for repayment			
	Full Name		Date of Birth / /		Relationship	
	Street Address		City		State	
					Zip	
	Current Employer		Address		City	
					State	
	How Long		Position		Monthly Income	

4		Assets	Liabilities
			Monthly Payment Balance
Real Estate		Mortgage on Real Estate	\$
(Amount of Rent)		Lender	\$
Cash on Hand or in Bank		Owe Installment Payments as Follows:	\$
Cash Value Life Insurance		To	\$
Stocks and Bonds		To	\$
Notes Receivable		To	\$
Household Goods		To	\$
Automobiles		To	\$
		Other Accounts Payable	\$
		Notes Payable	
		Taxes and Insurance Premiums	
		Owing to Relatives and Friends	
		Total Liabilities	
		Net Worth	
Total		Total	

In handling my account(s) please contact me at: Home Work I would like my loan payments due on the \_\_\_\_\_ of each month.

**Applicant's Statement**

The above information is true and correct. You are authorized to verify this information and retain the application whether or not approved. In the case of a credit application you are also authorized to receive additional credit information and answer questions on your credit experience with the applicant(s). Both Signatures are only required for a joint account or if the second person will use this account.

X \_\_\_\_\_  
First Person's Signature Date

X \_\_\_\_\_  
Second Person's Signature Date