



Loan Application

Please Print or Type Clearly. Please Verify Information

To apply for a loan, you must be eligible for membership with Sentry Federal Credit Union. Please note that you do not need to be a member of the Credit Union to apply for a loan; however, in order to close on the loan, you must be a Sentry Federal Credit Union member. To confirm your eligibility for membership, please visit our eligibility page.

Click [here](#) for more information on our rates and disclosures.

You may submit this application to Sentry Federal Credit Union in one of two ways:

1. You may type your responses on the screen and then press the submit button to send your application to Sentry Federal Credit Union for processing. Be advised that this particular electronic form is not completely secure.
2. You may type your response on the screen, print the application and mail or fax it to us at: 3524 Edgmont Avenue, Brookhaven, PA 19015. Phone: 610-447-9900 Fax: 610-447-1566

Member Number: _____
Type of Loan Requested (drop down box with the following choices: New Vehicle, Used Vehicle, Home Equity Loan, Home Equity Line of Credit, Personal Loan, Share Secured Loan, Line of Credit/Overdraft Protection)

Purpose of Loan _____ Auto Loan: Year _____ Make _____ Model _____
(drop down box 12 months - 180 months)
Amount Requested: \$ _____ Term of Loan _____

Primary Applicant

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ Birthdate: _____ Email Address: _____

Address: _____

Rent Own Other How Long at Current Address: _____ Home Phone: _____
Previous Address (If current address is less than 3 years) _____ Years There: _____

Employer Name: _____ Occupation: _____

Employer Address _____

Employer Phone: _____ Start Date (Month/Year) _____ Gross Annual Income _____
Previous Employer (If current employer is less than 3 years) _____ Years There: _____

Other Annual Income: _____ Source: _____
(Alimony, child support, or separate maintenance income need not be listed unless you choose to have such income considered regarding extension and repayment of the credit requested.)

Assets (including Savings and Checking)

Savings Balance: _____ Name of Depository: _____

Checking Balance: _____ Name of Depository: _____

Other Balance _____ Name of Depository: _____

Joint Applicant (If applicable)

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ Birthdate: _____ Email Address: _____

Address: _____

Rent Own Other How Long at Current Address: _____ Home Phone: _____

Previous Address (If current address is less than 3 years) _____

Years There: _____

Employer Name: _____ Occupation: _____

Employer Address _____

Employer Phone: _____ Start Date (Month/Year) _____ Gross Annual Income _____
Previous Employer (If current employer is less than 3 years) _____

Years There: _____

Other Annual Income: _____ Source: _____
(Alimony, child support, or separate maintenance income need not be listed unless you choose to have such income considered regarding extension and repayment of the credit requested.)

Assets (including Savings and Checking)

Savings Balance: _____ Name of Depository: _____

Checking Balance: _____ Name of Depository: _____

Other Balance _____ Name of Depository: _____

Credit Information (Attach another sheet if necessary)

Debt to be paid off if loan is granted	Obligations	Lenders Name	Balance Owed	Monthly Payment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Rent			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Equity LOC			
<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd Mortgage			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Loan			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/Child Support			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Loans			

Please report any additional information or comments here:

Are you interested in the following: Primary Life Insurance Joint Life Insurance Primary Disability Insurance

Please note: Income verification and/or other information may be required. As an applicant, I agree to the following: Everything I have stated in this application is correct to the best of my knowledge. I understand that the Credit Union will retain this application whether or not it is approved. The Credit Union is authorized to check my credit and/or employment history.

How would you like us to contact you?

Email _____

Mail _____

Phone _____

The best time to call is: _____ am pm