



MAIN BRANCH
 2500 North State Street
 Jackson, MS 39216
 Phone: (800) 643-1567

GRENADA BRANCH
 960 J K Aventura Drive
 Grenada, MS 38901
 Phone: (662) 227-7153

OXFORD BRANCH
 1101 Jackson Ave. West
 Oxford, MS 38655
 Phone: (662) 236-9099

Please print and complete form, then take it to your nearest MSFCU branch.

Freedom Loan Application

Please note and initial all of the following points below:

- _____ Member of MSFCU for 6 months with an open and active account.*
 (*Active Account includes routine/consistent deposits equal to or greater than loan payment.)
- _____ Member must be 21 years old.
- _____ Must be in good standing with MSFCU on all accounts (including joint accounts).
- _____ MSFCU credit cards must be current.
- _____ No outstanding balance on a Freedom Loan.
- _____ Current paycheck stub must be submitted with this application (no more than 30 days old).
 (Also, please include proof of any additional income, if applicable.)
- _____ Accounts in courtesy pay/overdraft are not eligible.
- _____ \$20 Application fee must be available in account.
- _____ Loan amount will be determined using your financial capacity to repay this debt.

I intend to pay this debt. Signature: _____ Date: _____

I have not filed bankruptcy. Signature: _____ Date: _____

It is not my intent to file bankruptcy in the near future. Signature: _____ Date: _____

Amount Requested: _____ Terms: _____ Purpose of Loan: _____
 (\$200 - \$1,000) (1 – 6 months)

\$1,000.00 for 6 months - Monthly Payment estimated at \$180.62
 \$ 500.00 for 6 months - Monthly Payment estimated at \$ 90.31

Account Number: _____

<p>Married Applicants: May apply for a separate account. Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if: 1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI), 2. your spouse will use the account, or 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying. Joint Credit: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box. Guarantor: Complete the Other section if you are a guarantor on an account/loan.</p>			
<input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (Including ATM/Debit Card Access to the Account if Available) Amount Requested \$ Purpose/Collateral: Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment			
PAYMENT PROTECTION		Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.	
APPLICANT		OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME		NAME	
ACCOUNT NUMBER		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE		
AGES OF DEPENDENTS	EMAIL ADDRESS		
BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:			
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			
EMPLOYMENT/INCOME		EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE	HOURS AT WORK	
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
EMPLOYMENT INCOME		OTHER INCOME	
\$ _____ Per _____		\$ _____ Per _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE	ENDING/SEPARATION DATE		
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS		STARTING DATE	
		ENDING DATE	
REFERENCE		RELATIONSHIP	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME PHONE	

