The Empowerment Program - Short Loan Application

Name/Member #: _____ **Address:** _____

Date of Birth: _____ **SS#:** _____

Phone Number: _____ **Email:** _____

HCSC Annual Salary: _____ **Monthly Rent/Mortgage Payment:** _____

Landlord or Mortgage Company: _____ **Where is your Checking/Savings Acct?** _____

Your Financial Objective: _____

_____

_____

_____

You promise that everything you have stated in this application is correct to the best of your knowledge. You authorize Planites Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of credit received. If you request, the Credit Union will provide the name and address of any credit bureay from which it received a credit report on you.

_____

Applicant Signature Date

Planites Credit Union
We belong to you!

Fax or E-Mail Applications: 312-616-3728 / planitescu@bcbsil.com