N	am	ıe
IN	an	ıe

MEMBER NUMBER

GUIDANCE NOTES PLEASE READ

- 1. Please answer ALL questions, <u>INCOMPLETE FORMS</u> may cause a delay in the loan process. The N/A, wording should be written in all questions which do 'not apply'.
- 2. The income and expenditure form <u>MUST</u> be completed even if you have had a previous loan.

Your circumstances may have changed.

- 3. To enable us to process your application we need proof of ALL declared income. :
 - Current wage slips (2 if paid monthly, 4 if paid weekly)
 - Recent benefit letter
 - Recent bank statement.

Please state if you already have your salary, benefits or standing order paid direct to the credit union.

- 4. We need to know what you want the loan for, so please tell us.
- 5. We can only grant loans if you are prepared to save, these savings cannot be withdrawn until the loan is paid off completely. A savings based loan is 50% cheaper interest rate than an ability to pay loan. The more you save, the sooner your finances will get under control.
- 6. If you require any help completing the form please ask a member of staff or make an appointment with the loans officer or business manager.
- 6. The credit union aims to give a decision to all applications within seven days, however, there may be times this deadline cannot be met due to the fact that we have not received all the required information. (See paragraph 3 above)

Office use only below this line

Date	NOTES
Date Received:	
Further info requested	
Date:	



BACUP (Lancashire) CREDIT UNION Ltd

LOAN APPLICATION FORM

Title: Mr/Mrs/Miss/Ms (delete not applicable)						Membership Number:			
Applicant I	Name:				Surname:				
Address:				F		Ро	Postcode:		
How long ha	ve you lived at	this add	dress? Y	ears	Months		•		
If you have li	yod at this ada	lroce for	· loce than		please give your	provious	addrag	· · ·	
Address:	ved at tills add	11633 101	icss iliai	i o years,	please give your	previous	auuies	55,	
								Postcoo	le:
Home Tel	ephone Num	ber:			M	obile:			
Email Add	dress:								
Date of Bi	rth: / /		NI Ni	ımber:				M/F	AGE
Date of B.	1411. 7 7		141140						AGE
2. ABOU	T YOU								
Are you:	Married	Single		Divorced/	Separated 🗖	Living v	vith pa	rtner [J Widowed □
How many	y dependent	childr	en do yo	ou have:	☐ What are	their ag	es:		
Do you:	Own your ov	vn hom	e? 🗖	Rent yo	our home?	Living	with p	arents	☐ Other ☐
Tenant De	etails:	Coun	cil Tenar	nt 🗖	Housing Ass	ociation		Private	Landlord 🗖
Name, Address & Tel. No. of Landlord:									
3. YOUR	WORK								
Occupation	n:								
Are you:	Full time		Part time	e 🗖	Unemployed [J R	etired		Homemaker \square
Current/P	revious Cor	ntact de	etails:						
Post code: How long with employer					ıployer				
	APPLICATION		(1						
Amount £ : Purpose of Loan:									
· · · · · · · · · · · · · · · · · · ·	repayment: V	Veekly		tnightly [<u> </u>		:		
Proposed	term of loan:		Rep	ayment n	nethod: S/O	 :	direc	t from C	CU account 🔲

INCOME & EXPENDITURE DETAILS

YOUR INCOME AND EXPENDITURE

**Please Note: Partners/Spouse's ea		_	if that person a	Iready has a	loan with BCU.	
Income Details Week	ome Details Weekly £		Monthly £		Comments	
Your main income:						
**Partner's income:				7		
Benefits:				7		
Other income:				7		
TOTAL INCOME				7		
Confirmation of income and expend	iture is requi	red. Please s	upply bank sta	tements/wag	ge slips.	
Expenditure	Weekly £	Monthly £	Quarterly £	Annual £	Comments	
Mortgage/Rent:	Weekly 2	Monthly 2	Quarterly 2	Aiiiidai 2	Comments	
Council Tax:						
Home insurance:						
Electricity:						
Gas/Oil/Coal:						
Water Rates/Meter:						
Loan/HP repayments:						
Store Cards:						
Catalogue repayments:						
Credit Cards:						
Pension provision:						
Telephone:						
Mobile telephone:						
TV Licence/Cable/Sky:						
Food/shopping:						
Life insurance:						
Maintenance payments:						
School meals:						
Milk bill:						
Child care:						
Clothes/uniforms/shoes:						
Household goods:						
Car breakdown cover:						
Car insurance:						
Road Tax:						
Car servicing/repairs:						
Petrol:						
Travel – Bus/Taxi/Fares etc:						
Entertainment/meals out/drinks etc:						
Pocket money:						
Lottery:						
Cigarettes:						
Newspapers/magazines:						
Christmas/Birthdays:						
Holidays:						
Hobbies:						
Any other expenses not						
mentioned above TOTALS						
				<u> </u>		
TOTAL EXPENDITURE		TOTAL I		(A) £		
A - B = C			EXPENDITURE			
Monthly/weekly surplus for new loar	n repayments	SURPLU	IS INCOME	(C) £		

Bacup (Lancashire) Credit Union 9 St James Square Bacup Lancashire OL13 9NH
Tel:: (01706) 601 809 E-mail <u>bacupcredit.union@ntlbusiness.com</u>
Authorised by the Prudential Regulation Authority & regulated by the Financial Conduct Authority & the Prudential Regulation

Bacup Credit Union is supported by Bacup Fellowship Of Churches.

SAVINGS

Bank/Building Society:	£
Investments:	£
Credit Union(s)	£
Other (please specify)	£
TOTAL	£

Additional information:
PLEASE USE THIS SHEET TO BREAKDOWN
PAYMENTS YOU HAVE PUT ON PAGE ONE OF
THE INCOME & EXPENDITURE FORM.

7.	EXISTING LIABILIT	TIES		
	Loans/HP	Balance Owed	Monthly Payment	Credit Limit
1.				
2. 3.				
0.	Store Cards			
1.	Store Cards			
1. 2.				
	Credit Cards			
1.				
2.				
1.	Catalogues			
2.				
3.				
	Credit Union			
1.				
1.	Bank overdraft			
<u> </u>				
TC	TALS			
	ive you ever borrowed es? YES NO	from Provident, Greenwood	l, Brighthouse or any other	company with high interest
lf '	YES' to any of the abo	ve please provide details:-		
Ha	ive you had any Count	y Court Judgements registe	red in your name? YES〔	□ NO □
Ha	ve you ever been dec	ared bankrupt? YES 🗖	NO 🗖	
lf '	YES' to either of the al	pove please provide details:	-	

Have you ever had a Social Fund Loan YES /NO. If YES, Is it fully paid off? YES / NO.

Bacup Credit Union Ltd Registration No. 233C

9 St James Square Bacup Lancashire OL13 9NH Tel /Fax: (01706) 601 809 E-mail: bacupcredit.union@ntlbusiness.com

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8. PRESENT BANKING DETAILS					
Sort Code: Ac	count No:				
Name of Bank/Building Society: Account Name:					
Branch:	Time with bank: Years				
Do you have a cheque guarantee or Switch/Delta card	Yes 🗖 No 🗖				
9. DISCLOSURE AUTHORITY On occasions we may need to contact a third party to o We will not do this without your specific authority. Please indicate below whom we may contact by teleph assessment and fraud protection.					
Employer: Bank/Building Society O	Credit/Store card Co:	Landlord			
statement covering the last 2 months evidencing your source of income/ two recent salary/wage slips, DSS benefit books or letter from benefits with amount of benefit awarded. These must be originals, dated within the last three months, and show your name and address exactly as they appear on this application. If you have any problems meeting the identification criteria please talk to of the Loans Officer 11. DECLARATION and AGREEMENT I submit this application for a Bacup Credit Union loan and confirm that the information I have given is accurate and I do not know of any impending changes to the details given in this application. This form has been completed on my behalf and has been read over to me. This is a true and complete record of what was said.					
Please place a tick in the box if the form has been of	,				
Use and Disclosure of Information. Important - Your Personal Information					
We may use credit reference and fraud prevention agencie what we do and how both we and credit reference and fraud is detailed in the [leaflet/section] called: "A condensed guide to the use of your personal inform and Fraud Prevention Agencies". If you would like to reused please ask one of our staff. By confirming your agreement to proceed you are accepting way.	prevention agencies will use your ation by ourselves and at Cr ad the full details of how you that we may each use your info	edit Reference ar data may be cormation in this			
Department of Work and Pensions: I agree that if I of may be passed to the Department of Work and Pension that I am or will become entitled to. General Data Protection Regulation May 2018. You and only disclosed a) at your request b) to prevent frau You are entitled to a copy of the information we hold at	s for their consideration of d personal information will be d or by order of the Courts.	eductions from benefits treated as confidential			
Signed:	Date: /	1			
Please return your completed application form to: Bacu Lancashire OLI3 9NH Tel: (01706) 601 809 E-mail <u>bac</u>					
		Grant Funded by			

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