

## YOUR Family Loan Application Form

TO ALLOW US TO PROCESS YOUR APPLICATION THIS FORM MUST BE COMPLETED IN FULL, AND RETURNED TO US ALONG WITH: 2 MONTHS BANK STATEMENTS (You can provide these via Open Banking. Please contact us to request a unique link to register for this.) PROOF OF INCOME (If you are in receipt of Universal Credit – Please also provide copies of 2 Months of FULL Statements) PLEASE ENSURE THAT THE COMPLETED FORM AND ALL REQUIRED DOCUMENTATION ARE RETURNED TO US BY EMAIL AT: <a href="mailto:loans@yourcb.org.uk">loans@yourcb.org.uk</a>

Applicant Information	Member Number	er:	Title (Mr/Mrs/Miss/Other):
First Name (s):		Surname:	
Date of Birth:		_ N.I. Number:	
Home Tel No:		_ Mobile Tel No:	
E-Mail:			
Marital Status: Single / Marrie	d / Common-Law Coh	abitee / Divorced	/ Prefer not to say *Delete as appropriate
Number of Dependent(s) (if any):			
Name & Date of Birth for Dependent(	s) (if any):		
Current Address:			
			(if less than 2 years, please provide details of previous
Are you?: A Private Tenant / Home	Owner / Living with Fan	nily or Friend / Coun	cil or Housing Association Tenant *Delete as appropriate
Name of Council / Housing Associatio	n (if applicable):		
Employment Details Employment Status: Employed (Perm	nanent) / Employed (Te	mporary Contract) /	Self-Employed / Not Working *Delete as appropriate
Occupation (or type of benefit receive	d)		
Name of Employer:		Job Tit	tle:
Address of Employer:			
Work Tel No:		Work Email:	
Can you be contacted there? Yes / N	No *Delete as appropriate	Time with Current E	Employer:
Loan Details			
Purpose of the Loan (please be specific	c):		
I would like to borrow: £	I wish to repay b	oy: Child Benefit / Sta	anding Order / Payroll Deduction *Delete as appropriate
I wish to repay the loan at £	plus £ in S		in Share 2 per month / per week * Delete as appropriate vings must be a minimum of £25.00 per calender month
I receive £ of Child Benefit ev	ery Week / 4 Weeks * D	elete as appropriate	
I would like my loan paid to me by: *	Delete as appropriate		
BACS – Sort Code:	Account Number:		
Should my loan be approved. I would	like to sign my Loan Agr	eement at: Crovdon	/ Merton / Sutton * Delete as appropriate

Croydon, Merton & Sutton Credit Union Ltd Trading as Your Community Bank

Registered Office – The Lansdowne Building, 2 Lansdowne Road, Croydon CR9 2ER Tel: 020 3468 8568 - Email: info@yourcb.org.uk Web: www.yourcb.org.uk



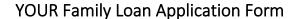














Current Credit Status Failure to disclose information below may lead to your application being declined.

Please list <u>all</u> loans, credit cards or any other sums owed including council tax, mortgage or rent arrears. Continue onto a new sheet if necessary and ask if you need clarification.

Please input a monthly amount for every relevant item. If you only know the weekly amount then put this in the weekly column, then multiply the weekly amount by 4 and then put the answer in the monthly column.

Type of Debt	Money owed (£)	Payments negotiated to pay off debts (Weekly)	Payments negotiated to pay off debts (Monthly)			
Rent Arrears						
Mortgage or 2 <sup>nd</sup> Mortgage Arrears						
Council Tax Arrears						
Gas Arrears						
Electricity Arrears						
Fines						
Maintenance Arrears						
Other						
TOTAL	£		£			
Name of Creditors (including Credit Cards)	Money owed	Payments negotiated to pay off balance (Weekly)	Payments negotiated to pay off balance (Monthly)			
TOTAL	£		£			
Current overdraft limit: £	of which available: £	Bank Name:				
Have you recently applied for a loar If yes, where?						
This is a true record, to the best of m	ny knowledge, of my financ	cial situation on	(Date)			
Signed:		Print Name:				

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## YOUR Family Loan Application Form

Budget Sheet	
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Number of people in my nousenoid:	
Please fill in the two tables below. Please input a monthly amount for every relevant item. If you only know the weekly am	ount then

put this in the weekly column, then multiply the weekly amount by 4 and then put the answer in the monthly column.

Income (Monthly)	Weekly (£)	Monthly (£)	Office use
Wages/Salary			
Wages/Salary (Partner)			
Benefits E.G. JSA / DLA / IS / ESA			
Child Benefit			
Child Maintenance			
Child Tax Credit			
Working Tax Credit			
Money From Other People			
Other **please use an additional sheet for details of this**			
Total Income			
Outgoings (Monthly)	Weekly (£)	Monthly (£)	Office use
Total Payments to Creditors (Including Credit Cards from Previous Page)	VVCCRIY (L)	iviolitiny (L)	Office ase
Mortgage/Rent			
Second Mortgage/Secured Loan			
Ground Rent/Service Charge			
Buildings/Contents Insurance			
Life Insurance/Endowment			
Council Tax			
Gas			
Electricity			
Water			
Food/Housekeeping			
Travel/Fares			
Child Care			
Telephone			
TV Licence/Rental			
Cable/Sat./Broadband			
Clothing			
Prescriptions/Health Costs			
Car Tax/Mot/Insurance			
Hairdressing			
Other			
Total Outgoings			

My total monthly income is: £	My total monthly outgoings are: £	
This leaves me an available	monthly income of: £	
This is a true record, to the best of my knowledge, of my financial	al situation on	(Date)

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Print Name: \_\_\_















Have you considered setting up a Junior Saver Account for your young person?

For office use only **Junior Saver** Membership No:

Our Junior Saver Account can be opened from birth and will provide a secure and safe savings account for your young person. This account will remain under your control until the child reaches 17, at which point they will automatically become the owner of the account and any funds that that it contains.

Do not worry though, we will write to you before to remind you and you can then decide then what you would like to do going forward.

If you would like to set up an account for your young person, please complete the form below and return it to us, along with proof of the Junior Saver's identity (Birth Certificate, Passport).

If you pay via Child Benefit deductions, there is no need to complete any extra paperwork for the payment. All you need to do is let us know below how much you would like to be allocated from each deposit to this account. If your usual payments are made by Standing Order, then you will need to adjust your Standing Order with your bank. (We can provide you with a Standing Order Form, should you need one)

Details of Junior Saver (Pleas	e complete this section of the form on behalf of the Junior Saver)
Full Name:	
Date of Birth:	Gender: Male / Female / Prefer not to say *Delete as appropriate
Address (incl. Postcode): *The Ju	nior Saver must live in the same household as the Adult Member*
I would like to deposit £  Deductions / Standing Order *De	per week / 4 weekly period / month to this Junior Saver Account via Child Benefit lete as appropriate
Details of Trustee (Adult Member	er)
Member Number:	
Full Name:	
Date of Birth:	Relationship to Junior Saver:
Address (incl. Postcode):	
Email:	Telephone Number:
Adult Member Signature:	Date:
Print Adult Member Name:	















Declaration \*delete one, as appropriate for each statement

- have / have no un-discharged County Court Judgments against me.
- <u>have / have no</u> insolvency, a Debt Management Plan an IVA or DRO.
- have / have not got a Social Fund Loan.

Having a CCJ does not necessarily prevent us issuing a loan, however, failure to disclose this WILL lead to the application being rejected.

As a responsible lender we have a duty of care to our members, as such we may have to decline loans where there is evidence that previous loans may have been used for the purposes of: Gambling, Supplementing income on a regular or ongoing basis and/or Illegal activities

Important - Your Personal Information, Credit Decisions and the Prevention of Fraud and Money Laundering

We may use credit reference and fraud prevention agencies to help us make decisions.

A short guide to what we do and how both we and credit reference and fraud prevention agencies will use your information is detailed in the leaflet called: 'A condensed guide to the use of your personal information by ourselves and at Credit Reference and Fraud Prevention Agencies'

If you would like to read the full details of how your data may be used please visit our website at: www.yourcb.org.uk/privacypolicy or call us on: 020 3468 8568

BY CONFIRMING YOUR AGREEMENT TO PROCEED YOU ARE ACCEPTING THAT WE MAY EACH USE YOUR INFORMATION IN THIS WAY.

DECLARATION: Please read carefully before signing. Please contact us if any part of this is unclear.

- 1. I confirm that there have been no changes and I am unaware of any upcoming change in my personal circumstance that would affect my ability to repay my loan.
- 2. I have no insolvency, Debt Management Plan, IVA or DRO in place and have not entered into any discussions or asked for advice from any debt agency.
- 3. I am required to maintain minimum savings of £25.00 per month throughout the term of my loan.
- 4. I understand that if I fail to repay the loan (default) I will be liable for the costs of recovery including legal costs and a £100 administrative charge towards the Credit Union's costs.
- 5. I may not withdraw savings from Share 1 until the savings balance exceeds the outstanding loan.
- 6. I have read and understood the statement regarding date sharing and I agree that my information may be shared for noncommercial project monitoring purposes with Credit Union Funders.
- 7. I understand that providing false information and/or documentation is fraud, which may result in criminal proceedings against me.
- The Statements herein are made for the purpose of obtaining a loan and are true to the best of my knowledge.

Applicant Signature:	Date:
Print Name:	















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## THIS SECTION IS FOR OFFICE USE ONLY – To be completed by The Loans Panel Member Number: \_\_\_\_\_\_ Date Received: \_\_\_\_\_\_ Delete as appropriate Loan Approved for £ \_\_\_\_\_ plus £ \_\_\_\_\_ savings per month (min £25) Loan Approved Date: \_\_\_\_\_\_ OR Loan Declined Reason: \_\_\_\_\_ Loan Declined Date: \_\_\_\_\_\_ Authorised Signatories Print Names: Member Notified of Decision by (initials): 1. \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 2. \_\_\_\_\_ 2. \_\_\_\_\_ 2. \_\_\_\_\_ 2. \_\_\_\_\_\_











## Standard Information Notice for New Applications

In order to process your application, we will supply your personal information to credit reference agencies (CRAs) and they will give us information about you, such as about your financial history. We do this to assess creditworthiness and product suitability, check your identity, manage your account, trace and recover debts and prevent criminal activity.

We will also continue to exchange information about you with CRAs on an ongoing basis, including about your settled accounts and any debts not fully repaid on time. CRAs will share your information with other organisations. Your data will also be linked to the data of your spouse, any joint applicants or other financial associates.

The identities of the CRAs, their role is also as fraud prevention agencies, the data they hold, the ways in which they use and share personal information, data retention periods and your data protection rights with the CRAs are explained in more detail at: www.yourcb.org.uk/privacy-policy

Crain is also accessible from each of the three CRAs – clicking in any of these three links will also take you to the same CRAIN document – Crain links:

Call Credit: www.callcredit.co.uk/crain

Equifax: www.equifax.co.uk/crain

Experian: <a href="www.experian.co.uk/crain">www.experian.co.uk/crain</a>













Standing Or	der Manda	te											
Name of Credit (the credit unic		er: e money)											 
Name of Bank A (as It appears o	Account Holder on the Bank Acc	count, if different	)										 
Address of Ban	k Account hold	er:											 
Name of Your E	3ank:												 
Your Bank Sort	Code:												
Your Bank Acco	ount Number: _												
Until you recei	ve further noti	ce from me plea	se pay:										
The Co-operati	ve Bank, Croyo	don Branch, Sort	Code 08-92-99										
For the	Croydon	Merton & Sutton											
Credit of:	Credit Un	ion Ltd Ref:		6	7 0	0	5	7	5	0			
		s): £s):											 
Commencing o	n												
(The start date	of the paymen	ts)											
	nk Account Ho	or Weekly / For (Due Date) Ider: (Bank Accou				:e							 
TO THE BANK:	Please ensure	you use this refe	rence:										
Please cancel a	ny previous sta	nding order in fa	vour of CMS Cre	edit Union	<sup>/</sup> Croydo	n Plus	s / Yo	ur Co	omm	unit	y Banl	<	
Account 1	Account 2	Account 3	Account4	TOTAL						D	ate +	Initials	
S	£	£	· ·		Recei	ved F	rom l	Mem	ber				
L	£	£	£		COPY	, Orig	inal T	о Ва	nk				
	1				Enter	ed on	CON	/IPUT	ER				

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