**Chesterfield and North East Derbyshire Credit Union**

LOAN APPLICATION FORM

MEMBER NAME: MEMBER NUMBER:

Please complete the application form in full including the (1) Finance Reminder Questions and (2) Income and Expenditure Sheet. **Please ensure that you complete the Finance Reminder Questions before the Income and Expenditure Sheet.**

You will need to provide evidence of any income received or benefits you are entitled to including Housing Benefit and Council Tax Benefit.

If you are in employment please provide the **3 most recent** payslips and the latest letter confirming entitlement and detailing the amount of **all** benefits you receive.

If you have a bank account we also need to see a recent bank statement covering at least one full month.

If you have any existing borrowing we need to see a copy of the most recent statement or payment book for each.

|  |  |  |
| --- | --- | --- |
| **APPLICATION FORM CHECKLIST LIST – PLEASE TICK WHEN COMPLETED** | Please tick when completed | Office Use |
| Completed (Yes/No) |
| Applicant Details |  |  |
| Personal Finance Questionnaire |  |  |
| Loan Details |  |  |
| Income and Expenditure Estimates |  |  |

|  |  |  |
| --- | --- | --- |
| **PLEASE REMEMBER TO BRING – PLEASE TICK IF YOU HAVE** | Please tick when completed | Office Use |
| Completed (Yes/No) |
|  |  |  |
| Evidence of ALL income |  |  |
| Bank Statement – If you have a bank account |  |  |
| Statement / payment book for any existing loans |  |  |

|  |  |  |
| --- | --- | --- |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS** | Please circle as appropriate | Office Use |
| Completed (Yes/No) |
| Do you have any County Court Judgments? | Yes/No |  |
| Have you been declared bankrupt? | Yes/No |  |
| Have you previously used high cost lenders? | Yes/No |  |
| Have you previously had a Social Fund Loan? | Yes/No |  |

Failure to fully complete the form of a lack of required evidence will mean we are unable to progress your application. Please bring the completed form and original copies of the evidence required to our main office or the agree collection point. If you are having difficulty completing this form please telephone 01246278833

………………………………………………………………………………………………………………………

Office Use:

Form Received By………………………….. Date ………………..

Loan Approved/Rejected…………………… Date…………………

Second Signature (if required)……………... Date…………………

Amount of Loan Approved £……………….. Date…………………

|  |
| --- |
| Cheque Number(s) ……………………… |

Loan Number ….……………..

**Applicant Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Member number: |  | | | | |
| Title: |  | | | | |
| First name(s): |  | | | | |
| Surname: |  | | | | |
| Age: |  | | | | |
| Gender: |  | | | | |
| Marital status (please circle): | Married | Single | Divorced/Separated | Living with Partner | Widowed |
| Number of dependent children and their ages: |  | | | | |
| Telephone number: |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Present address: |  | | | |
| Number of years at address: |  | | | |
| Previous address if less than 3 years: |  | | | |
| Please indicate if you (please circle): | Own your own home | Rent | Live with Parents | Other: |
| Who is your landlord (please circle): | The Council | Housing Association | Private | Other: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employment status (please circle): | Full Time | Part Time | Unemployed | Retired | Home-maker |
| Employers name and address: |  | | | | |
| Have you ever served in HM Forces? (please circle): | YES/NO | | | | |

|  |  |
| --- | --- |
| I declare that I have the following medical condition(s): |  |

**Personal Finance Questionnaire**

Please read the following questions. Circle the YES or NO answer which is best for you.

1. You control how much money you SPEND and SAVE?

YES or NO

1. Knowing how you SPEND your money would help you?

YES or NO

1. SPENDING more than you SAVE is bad?

YES or NO

1. Knowing that you SPEND more than you SAVE would upset you?

YES or NO

1. You have people than can help with your SPENDING?

YES or NO

1. Learning that you SPEND more than you SAVE would require you do things you do not want to?

YES or NO

**Loan Details**

|  |  |  |
| --- | --- | --- |
| Amount of loan requested: | £ |  |
| Purpose of loan (please be as specific as possible, for example, pay existing debts, buying a car, birthday/Christmas presents for my children, etc) |  | |
| Repayment amount: | £ |  |
| Repayment period: | £ |
| Savings: | £ | per week or month? |
| Surplus: | £ | per week or month? |
| Loan check to be cashed at Post Office? | YES/NO |  |

**Loan Repayment Method**

I will repay the loan by means of (PLEASE CIRCLE):

|  |  |  |  |
| --- | --- | --- | --- |
| Child Benefit Deduction | Cash | Standing Order | Other: |

|  |  |
| --- | --- |
| Child Benefit Number: |  |
| National Insurance Number: |  |

**Income and Expenditure**

Please estimate your income and expenditure in the table below, using a monthly or fortnightly or weekly or 4-week time period.

|  |  |  |
| --- | --- | --- |
| **INCOME** | **Your Estimate** | **Office Use** |
| Wages or Salary | £ | £ |
| Partners Wage or Salary | £ | £ |
| Child Benefit | £ | £ |
| Tax Credits | £ | £ |
| Maintenance | £ | £ |
| Benefits | £ | £ |
| Other Income | £ | £ |
| **TOTAL** | **£** | **£** |

|  |  |  |
| --- | --- | --- |
| **EXPENDITURE** | **Your Estimate** | **Office Use** |
| **Payments** | £ | £ |
| Loans/Credit Card/HP Repayments | £ | £ |
| Pension | £ | £ |
| Savings/Investment | £ | £ |
| Insurance Home/Car/Life | £ | £ |
| Medical Expenses | £ | £ |
| Mags Court Fines/CCJ’s | £ | £ |
| Car Payments (etc.) | £ | £ |
|  |  |  |
| **Housing** | £ | £ |
| Mortgage/Rent | £ | £ |
| Council Tax | £ | £ |
| Electricity | £ | £ |
| Gas | £ | £ |
| Telephone/Mobile | £ | £ |
| Satellite/Cable | £ | £ |
| Groceries/Household Goods | £ | £ |
| Catalogues | £ | £ |
| Internet/Broadband | £ | £ |
| TV Licence | £ | £ |
| Food | £ | £ |
|  | £ | £ |
| **Children/Family Costs** | £ | £ |
| Birthdays/Christmas | £ | £ |
| Childcare Payments | £ | £ |
| Maintenance Payments | £ | £ |
| School Meals | £ | £ |
| Children’s Activities | £ | £ |
|  | £ | £ |
| **Personal Interests/Habits** | £ | £ |
| Hobbies/Sports | £ | £ |
| Lottery/Gambling | £ | £ |
| Membership Subscriptions | £ | £ |
| Alcohol | £ | £ |
| Cigarettes/Tobacco | £ | £ |
|  | £ | £ |
| **General** | £ | £ |
| Bus/Train Fares/Petrol | £ | £ |
| Clothes/Shoes | £ | £ |
| Going Out | £ | £ |
| Pet Expenses | £ | £ |
| **TOTAL** | **£** | **£** |

**Formal Declarations**

**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 the 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 Credit Union and Fraud Prevention Agencies”. If you would like to read the full details of how your data may be used please phone 01246 278833 or ask one of our staff. By confirming your agreement to proceed, you are accepting that we may use your information in this way. I further confirm that, should I default, the loan may be referred to the DWP for repayment by deduction from my benefits. I declare that the information I have given on this form is, to the best of my knowledge and belief accurate and full.

NAME (PRINTED): ………………………..

NAME (SIGNED): ………………………….

DATE: ………………….

**Data Use Consent Form**

The data that you complete in this form may be analysed as part of a study into finances. Your data will be completely anonymous, with no way of tracing this data to you. **Please note that agreeing or not agreeing to consent does not influence your loan application in any way.** If you consent to this please print, sign and date below:

NAME (PRINTED): ………………………..

NAME (SIGNED): ………………………….

DATE: ………………….

………………………………………………………………………………………………………………….

If you require more information please contact:

Dr Ben Harkin.

University of Sheffield.

[b.harkin@sheffield.ac.uk](mailto:b.harkin@sheffield.ac.uk)

**Future Study Participation**

If you are interested in being paid to participate in a psychology study related to debt, then please leave your name and contact details below. If you do not want to participate then please leave blank. **Please note that agreeing to participate or not does not influence your loan application in any way.** This is a separate endeavour conducted by Dr Ben Harkin at the Department of Psychology, University of Sheffield, UK.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME) agree to be contacted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT EMAIL ADDRESS AND/OR MOBILE PHONE NUMBER) in the future to participate in a possible psychology study related to debt.