Credit Union		<u></u>	Credit Union	use Only		•		
			Applicant Acc	ount No.	Loan/No	ote No.		
			New Loan An	1	ent Loan Baland	ce Interest Due		
			\$ Insurance Pre	+		+		
			\$	miums lota =	Loan Amount			
You are applying for a loan of \$to	be repaid in	months.	Periodic Payn \$	nent	Paymer Mon	nt Frequency thly Bi-Weekly		
The purpose of the loan is			First Payment	Date	☐ Sem	i-Monthly Weekly		
To induce the Credit Union to grant you this loar	ı, you are offerir	ng the following sec	curity:		· · · · · · · · · · · · · · · · · · ·			
	. - 	owne	ed by:					
Information About You		Please type or pri	nt in dark ink			· · · · · · · · · · · · · · · · · · ·		
Full Name		Birth Date	Social Securi	ly No.	Driver's	License No.		
Street Address	<u>·</u>			Live with Parent	s Years a	at this Address		
City State			Zip Code		Telepho (Telephone No.		
Number of Dependents (excluding self) Ages of Dependents			Mother's Maio	len Name	E-mail	E-mail Address (optional)		
If you have lived at the above address less than to	wo years, where	did you live before	?					
Street Address				Live with Parents Other	Years a	Years at this Address		
City		State	Zip Code	, <u>-</u>				
Marital Status [Do not complete if you are applyin ☐ Married ☐ Separated ☐ Other (including					:			
	J			· · · · · · · · · · · · · · · · · · ·				
Information About Your Employer Employer			Street Address	Street Address		Years with this Employer		
City	State		Zip Code		Telepho ()	one No.		
Position/Title	Department		Name of Supe	rvisor	Payroll I	Payroll No.		
f you have worked for your present employer less	than two years	, where did you wo	rk before?					
Previous Employer		Self Employed Yes No	Street Address	3	Years w	ith this Employer		
City	State		Zip Code		1	Telephone No.		
Position/Title	Department		Name of Supe	rvisor				
nformation About Your Income Vages / Salary				· · · · · · · · · · · · · · · · · · ·	Pa	ayroli Frequency		
Per	☐ Gross ☐ Take Home	*If take-home pay * include all payro	/ is disclosed, Il deductions.	Hours Wor Per Week		Monthly		
Alimony, child support, or separate maintenance i					d as a basis for	repaying this obligation.		
Other Income: \$Per								
\$Per f allmony, child support, or separate maintenance incom						greement, or _oral understanding?		
s any income listed in this entire section likely to be								
References	<u></u>	·				I = tb N-		
Vearest Relative Not Living with You	Street Address		City	State	Zip Code	Telephone No.		
Name and Relationship	Street Address		City	State	Zip Code	Telephone No.		
P ersonal Friend <i>(not a relative)</i> Name	Street Address		1 City	Julio		l()		

information Abo	out Your Debts	(List all debts, including d	redit union loans	s. Continue on a separate sheet,	If necessary.)		
Loan or Debt		Creditor		Account Number	Original Amount/ Credit Limit	Current Balance	Monthly Payment
Mortgage / Rent						Curion Balance	- ayment
Second Mortgage	/ Home Equity						
Property Taxes (if	not escrowed)						
Automobile		177	···				<u> </u>
Automobile							
Credit Card							
Credit Card	·						
Line-of-Credit				,			
Other							· ·
Are you a co-make			ation not listed a	bove? Yes No If "Yes"	, provide debtor's name,	current loan balance,	and other details
Are there any unsa	tisfied judgement	s, garnishments, or lawsu	its pending agai	nst you? Yes No If "Ye	es", provide dollar amoun	t and details:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Have you declared	bankruptcy in the	last 10 years? Yes	☐ No If "Yes",	provide date and place of filing	j:		
Have you ever bee	n granted credit in	another name? [] Yes	☐ No If "Yes",	what was that name and when	e was the credit granted:		
Are you presently li	iable for any alimo	ny, child support, or sepa	ırate maintenand	ce payments? Yes No	If "Yes", what is the amo	unt and frequency of t	hose payments:
Have you been der	nied credit in the la	ast six months? Yes [☐ No		· · · · · · · · · · · · · · · · · · ·		
To be eligible for Gr Insurance, you must complete a separate Assuming your appli	oup Credit Life ar t be actively at wo Statement of Ins ication for credit is	ork and gainfully employe surability. s approved and you are	, your loan mus ed at least 20 ho eligible for insur	t mature before your 70th birt ours per week. As part of the ance, the Credit Union will dis ecurity Agreement and Truth-	enrollment process, you close its total cost to you	may be asked to sati	sfactorily
Indicate which credi	t insurance option	n(s) you desire:					
Joint Credit Life	Insurance.	Single Cr	edit Life Insuran	ce. Single Credit Dis	ability Insurance.	No credit insur	ance.
In many instances, lemployer or by the abe, check the appropriate the suppropriate that is a suppropriate that it is a suppropriate that is a suppropriate that it is a suppropr	oan obligations u automatic transfer	of funds from a share a	ecount. The Cre	aid through voluntary payroll dit Union will tell you if your le loan payment(s)	deduction made available oan can be repaid in the	se manners. Assumi	by your ng it can
Representations	& Authorization	36					
Vou represent everyt	ning stated in this a	onlication is correct to the i	est of your know	ledge. You further represent yo	u have provided a complet	e listing of all your debt	s and obligations.
You authorize the Cr authorize the Credit L will tell you the name	redit Union to invest Union to obtain cred and address of any	stigate your credit record, lit reports in connection wit y credit bureau from which	verify your empl th this application it received a cree	loyment and income information and for any update, renewal or dit report on you.	n, and answer questions extension of the credit rec	regarding your credit le eived. If you request it	nistory. You also , the Credit Union
it is a federal crime credit unions insure	to willfully and deed by the Nationa	eliberately provide incol il Credit Union Administ	mplete or incorr ration.	ect information on loan appl	ications made to federal	credit unions or sta	te chartered
X Applicant Signature			Date	Witness (if requeste	ed by Credit Union)	· · · · · · · · · · · · · · · · · · ·	Date
Applicant Signature							
Loan Officer			Cre	dit Union Use Only			
Approved [Counter-Offer	to be made. Application	approved if				
Denied	Applicant acce	pts all conditions set forthedit Committee.	Delow.	Loan Officer Signat	ure		Date
					•		
Credit Committee Approved	Counter-Offer t	o be made. Application a	pproved if				
Denied		ots all conditions set forth		Committee Member	Signature		Date
Committee Member	Signature		Date	Committee Member	Signature		Date
	•	ing referred to Caralla Ca					
Explanation of cour	ner-oner conditio	ns, referral to Credit Co	minutes, or rea	evi ivi delliai.			
· · · · · · · · · · · · · · · · · · ·							
FCOA Notice and re	ason for denial s	ent or delivered by:					
			Credit Union F	Penresentative		1	Date

Credit I Inion Representative