

Credit Union

NIAGARA FALLS AIR FORCE FCU
2420 OLMSTEAD STREET
NIAGARA FALLS, NY 14304-5066

You are applying for a loan of \$ _____ to be repaid in _____ months.

The purpose of the loan is _____

Credit Union Use Only

Applicant Account No.		Loan/Note No.	
New Loan Amount	Current Loan Balance	Interest Due	
\$ _____	+	+	
Insurance Premiums	Total Loan Amount		
\$ _____	=		
Periodic Payment	Payment Frequency		
\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly		
First Payment Date			

To induce the Credit Union to grant you this loan, you are offering the following security: _____

owned by:

Information About You

Please type or print in dark ink

Full Name	Birth Date	Social Security No.	Driver's License No.
Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other		Years at this Address
City	State	Zip Code	Telephone No. ()
Number of Dependents (excluding self)	Ages of Dependents	Mother's Maiden Name	E-mail Address (optional)

If you have lived at the above address less than two years, where did you live before?

Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other		Years at this Address
City	State	Zip Code	

Marital Status [Do not complete if you are applying for individual credit]

Married Separated Other (including single, divorced, or widowed)

Information About Your Employer

Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ()
Position/Title	Department	Name of Supervisor	Payroll No.

If you have worked for your present employer less than two years, where did you work before?

Previous Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone No. ()
Position/Title	Department	Name of Supervisor	

Information About Your Income

Wages / Salary

\$ _____ Per _____ Gross **If take-home pay is disclosed, include all payroll deductions.* Hours Worked Per Week _____ Monthly Bi-Weekly
 Take Home* Semi-Monthly Weekly

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Income: \$ _____ Per _____ Source _____
 \$ _____ Per _____ Source _____

If alimony, child support, or separate maintenance income is disclosed as "Other Income", are payments being received under court order written agreement, or oral understanding?

Is any income listed in this entire section likely to be reduced in the next two years? Yes No If "Yes", explain: _____

Information About Your Savings Accounts and Other Property

Bank/Credit Union Accounts

Financial Institution	Type of Account	Account Number	Approximate Balance

Automobile(s)

Year	Model	Color	Plate Number	Ownership
				<input type="checkbox"/> Owned <input type="checkbox"/> Leased
				<input type="checkbox"/> Owned <input type="checkbox"/> Leased

Real Estate

Street Address	City & State	Date Acquired	Purchase Price	Market Value

Other (List stocks, bonds, mutual funds, boats, recreational vehicles, etc.)

References

Nearest Relative Not Living with You Name and Relationship	Street Address	City	State	Zip Code	Telephone No. ()
Personal Friend (not a relative) Name	Street Address	City	State	Zip Code	Telephone No. ()
Personal Friend (not a relative) Name	Street Address	City	State	Zip Code	Telephone No. ()

Information About Your Debts (List all debts, including credit union loans. Continue on a separate sheet, if necessary.)

Loan or Debt	Creditor	Account Number	Original Amount/ Credit Limit	Current Balance	Monthly Payment
Mortgage / Rent					
Second Mortgage / Home Equity					
Property Taxes (if not escrowed)					
Automobile					
Automobile					
Credit Card					
Credit Card					
Credit Card					
Line-of-Credit					
Department Store					
Personal/Other					

Are you a co-maker, endorser, or guarantor on any debt obligation not listed above? Yes No If "Yes", provide debtor's name, current loan balance, and other details (including name and address of any creditors):

Are there any unsatisfied judgements, garnishments, or lawsuits pending against you? Yes No If "Yes", provide dollar amount and details:

Have you declared bankruptcy in the last 10 years? Yes No If "Yes", provide date and place of filing:

Have you ever been granted credit in another name? Yes No If "Yes", what was that name and where was the credit granted:

Are you presently liable for any alimony, child support, or separate maintenance payments? Yes No If "Yes", what is the amount and frequency of those payments:

Do you have any other loan or credit applications pending? Yes No If "Yes", provide creditor name(s) and dollar amount(s):

Have you been denied credit in the last six months? Yes No

Group Credit Insurance

Group credit insurance is voluntary and not a requirement of your loan.
To be eligible for Group Credit Life and/or Disability Insurance, your loan must mature before your 70th birthday. Additionally, to be eligible for Credit Disability Insurance, you must be actively at work and gainfully employed at least 20 hours per week. As part of the enrollment process, you may be asked to satisfactorily complete a separate Statement of Insurability.

Assuming your application for credit is approved and you are eligible for insurance, the Credit Union will disclose its total cost to you. You will also be asked to sign the request for coverage contained on the Personal Loan Plan Note, Security Agreement and Truth-In-Lending Disclosure form.

Indicate which credit insurance option(s) you desire:

Joint Credit Life Insurance. Single Credit Life Insurance. Single Credit Disability Insurance. No credit insurance.

Payroll Deduction and Automatic Transfer Privileges

In many instances, loan obligations under the Personal Loan Plan can be repaid through **voluntary** payroll deduction made available to the Credit Union by your employer or by the automatic transfer of funds from a share account. The Credit Union will tell you if your loan can be repaid in these manners. Assuming it can be, check the appropriate box below:

I want voluntary payroll deduction. I authorize transfer of my loan payment(s) from Account No: _____ I do not want voluntary payroll deduction.

Representations & Authorizations

You represent everything stated in this application is correct to the best of your knowledge. You further represent you have provided a complete listing of all your debts and obligations. You authorize the Credit Union to investigate your credit record, verify your employment and income information, and answer questions regarding your credit history. You also authorize the Credit Union to obtain credit reports in connection with this application and for any update, renewal or extension of the credit received. If you request it, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you.

It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the National Credit Union Administration.

X _____ Date _____ Witness (if requested by Credit Union) _____ Date _____

Applicant Signature

I am applying for joint credit with a Co-Borrower. Applicant's Initials _____

Loan Officer	Credit Union Use Only
<input type="checkbox"/> Approved	<input type="checkbox"/> Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below.
<input type="checkbox"/> Denied	<input type="checkbox"/> Referred to Credit Committee.
Credit Committee	
<input type="checkbox"/> Approved	<input type="checkbox"/> Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below.
<input type="checkbox"/> Denied	
Explanation of counter-offer conditions, referral to Credit Committee, or reason for denial:	
	Loan Officer Signature _____ Date _____
	Committee Member Signature _____ Date _____
	Committee Member Signature _____ Date _____
	Committee Member Signature _____ Date _____

ECOA Notice and reason for denial sent or delivered by: _____ Date _____

Credit Union Representative