

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

Credit Union Use Only

Applicant Account No.	Initial Loan Advance \$
Signature Credit Limit \$	Secured Credit Limit \$

You are applying for credit in accordance with the terms set forth in the Convenient Credit Plan Credit Agreement and Truth-In-Lending Disclosure.

Type of Credit Account Requested

Individual (Complete this application only.) Joint (Complete this application and the Co-Borrower/Guarantor Statement that will be given to you by the credit union.
Note: A Co-Borrower must be a member of the credit union before borrowing privileges can be extended to that person.)

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,* Hours Worked Monthly Bi-Weekly
 Take Home* *include all payroll deductions.* Per Week _____ 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 obligations incurred under the Convenient Credit Plan.

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: _____

References

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

Continued on Reverse Side

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					
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:

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 agreement.

To be eligible for Group Credit Life and/or Disability Insurance, you must be less than 70 years old. 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 Statement of Insurability.

Assuming your application for credit is approved and you are eligible for insurance, the credit union will disclose its cost to you. You will also be asked to sign a request for coverage form.

Indicate which credit insurance option(s) you desire by checking the appropriate box(es) below:

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 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
Applicant Signature _____ Date _____ Witness (if requested by Credit Union) _____ Date _____

We intend to apply for joint credit. Applicant Initials _____ Joint Applicant 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	Loan Officer Signature _____ Date _____
<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	Committee Member Signature _____ Date _____
Credit Limit Approved:	Committee Member Signature _____ Date _____
Signature \$ _____	
Secured \$ _____	

Explanation of counter-offer conditions, referral to Credit Committee, or reason for denial: _____

ECOA Notice and reason for denial sent or delivered: _____ By _____ Credit Union Representative _____ Date _____