

**SWEET HOME FCU LOAN APPLICATION**

Thank you for thinking of Sweet Home FCU for your financial needs. Please upload this application, complete the areas in white, save to your PC and e-mail as an attachment to us at: SHFCU@sweethomefcu.org.

Please call us at (716) 691-9187 if you have any questions.

CREDIT UNION USE ONLY		
Applicant's Account #		Loan/Note #
New Loan Amount	Current Loan Balance	GAP Ins. Premium
Total Loan Amount	Periodic Payment	First Payment Date

I am applying for a loan in the amount of \$ \_\_\_\_\_ to be repaid in \_\_\_\_\_ months.

I would like my payments due on the \_\_\_\_\_ day of each month beginning in the month of: \_\_\_\_\_

The purpose of this loan is: \_\_\_\_\_

I am applying for individual credit  
 It is my intent to apply for joint credit with:

**PAYMENT FREQUENCY & SKIP PAYMENT OPTIONS AVAILABLE:**

BI-WEEKLY:  Skip Summers  
 Pay year round

MONTHLY:  Skip January & February  
 Pay year round

**PAYMENT PROTECTION**

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance form which discloses the terms and conditions must be signed for coverage to become effective.

Single Credit Life Insurance (first named borrower)       Single Credit Disability Insurance (first named borrower)  
 Joint Credit Life Insurance

**GAP INSURANCE:** This insurance covers the GAP or difference between the insurance settlement and loan balance if your vehicle suffers a total loss.

YES! \*I am interested in purchasing GAP coverage.       NO, I am not interested in purchasing GAP coverage  
\*A separate insurance form which discloses the terms and conditions must be signed for coverage to become effective.

**Information About You** Please type or print in dark ink

Full Name		Birthdate	Social Security Number		Driver's License State/Number
Street Address		City	State	Zip Code	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other
Yrs. at this Address	Home Phone #	Cell Phone #	Automobiles Owned		
			Year	Make	Model
			Year	Make	Model
Number of Dependents (excluding self)		Ages of Dependents		Other Savings/Checking Accounts	
				Where	Acct #

**Marital Status** (Do not complete if you are applying for individual, unsecured credit)  
 Married       Separated       Unmarried (including single, divorced or widowed)

**Previous Address** (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:	Yrs. at this Address
City	State	Zip Code	

**Current Employer**

Employer	Self Employed	Street Address	Years with this Employer
City	State	Zip Code	Telephone Number
Position/Title	Department	Name of Supervisor	Payroll Number

**2nd Employer** (if applicable)

Employer	Self Employed	Street Address	Years with this Employer
City	State	Zip Code	Telephone Number
Position/Title	Department	Name of Supervisor	Payroll Number

**Previous Employer** (If you have worked for your present employer less than two years, where did you work before?)

Employer	Self Employed	Street Address	Years with this Employer
City	State	Zip Code	Telephone Number
Position/Title	Department	Name of Supervisor	Payroll Number

**Income\*** \*Please submit a copy of your most recent pay stub

Wages/Salary	Gross	*If take-home pay is disclosed, include all payroll deductions	Hours Worked Per Week	Payroll Frequency
Per	Take-Home*			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

Note:  10 Month Employee       12 Month Employee

**Other Income:** Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it included as a basis for repaying this ln.

\_\_\_\_\_ Per \_\_\_\_\_ Source: \_\_\_\_\_  
 \_\_\_\_\_ Per \_\_\_\_\_ Source: \_\_\_\_\_

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

Is any income listed in this entire section likely to be reduced before this loan is paid off?  
 Yes       No       If "Yes," please explain

**Real Estate Owned**

Type of Property	Street Address	City & State	Date Acquired	Purchase Price	Market Value
<input type="checkbox"/> Primary Residence					
<input type="checkbox"/> Rental Property					
<input type="checkbox"/> Primary Residence					
<input type="checkbox"/> Rental Property					

**References**

Nearest Relative Not Living With You Name and Relationship	Street Address	City	State	Zip Code	Telephone No.

**Information About Your Debts** (You must list all debts, including credit union loans. Attach a separate sheet if necessary)

Loan or Debt	Creditor	Account Number	Original Amount Credit Limit	Current Balance	Mo. Payment
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent					
Second Mtg./ Home Equity					
Automobile					
Automobile					
Alimony, etc...					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					

Are you a co-maker, endorser, or guarantor for anyone?  Yes  No If "Yes," provide debtor's name loan balance, and other details (including name and address of 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 14 years?  Yes  No  
If "Yes," please provide date and place of filing:

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

Are there any other persons obligated on any of the above loans?  Yes  No  
If "Yes," which ones and who?

Are you a U.S. Citizen?  Yes  No (If no, please complete below) Are you a Permanent Resident Alien?  Yes  No

Are you employed on a Student or Work Visa?  Yes  No  
If yes, when does your Visa expire? (Please submit a copy of your Student or Work Visa with your application)

**Representations and 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 listing of all your debts and obligations. You authorize the credit union to investigate your credit record, verify your employment and income 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, 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Union Use Only**

**Loan Officer**  
 Approved \_\_\_\_\_  
 Referred to Credit Committee.  
 Loan Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Explanation of counter-offer conditions or referral to Credit Committee:**

**Credit Committee**

Approved  Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below  
 Committee Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Committee Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Committee Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Committee Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

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