

<p align="center">SWEET HOME FCU LOAN APPLICATION</p> <p>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.</p> <p>Please call us at (716) 691-9187 if you have any questions.</p> <p>You are applying for a loan of _____ to be repaid in _____ months.</p> <p><input type="checkbox"/> I am applying for individual credit <input type="checkbox"/> It is my intent to apply for joint credit with: _____</p> <p>The purpose of this loan is: _____</p>	<p align="center">CREDIT UNION USE ONLY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Applicant's Account #</td> <td>Loan/Note #</td> </tr> <tr> <td>New Loan Amount</td> <td>Current Loan Balance</td> <td>GAP Ins. Premium</td> </tr> <tr> <td>Total Loan Amount</td> <td>Periodic Payment</td> <td>First Payment Date</td> </tr> </table> <p align="center">PAYMENT FREQUENCY & SKIP PAYMENT OPTIONS AVAILABLE:</p> <p>BI-WEEKLY: <input type="checkbox"/> Skip Summers <input type="checkbox"/> Pay year round</p> <p>MONTHLY: <input type="checkbox"/> Skip January & February <input type="checkbox"/> Pay year round</p>	Applicant's Account #		Loan/Note #	New Loan Amount	Current Loan Balance	GAP Ins. Premium	Total Loan Amount	Periodic Payment	First Payment Date
Applicant's Account #		Loan/Note #								
New Loan Amount	Current Loan Balance	GAP Ins. Premium								
Total Loan Amount	Periodic Payment	First Payment Date								

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.	
<input type="checkbox"/> Single Credit Life Insurance (first named borrower)	<input type="checkbox"/> Single Credit Disability Insurance (first named borrower)
<input type="checkbox"/> Joint Credit Life Insurance	

GAP INSURANCE: <i>This insurance covers the GAP or difference between the insurance settlement and loan balance if your vehicle suffers a total loss.</i>	
<input type="checkbox"/> YES! *I am interested in purchasing GAP coverage.	<input type="checkbox"/> 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	VIN	VIN
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)							
<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> 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
City	State	Zip Code	
		Yrs. at this Address	

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

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	Hours Worked	Payroll Frequency
_____ Per _____	_____	Per Week _____	<input type="checkbox"/> Weekly
	Take-Home*		<input type="checkbox"/> Bi-Weekly
Note: _____	<input type="checkbox"/> 10 Month Employee	<input type="checkbox"/> 12 Month Employee	<input type="checkbox"/> Monthly
Other Income: (Rental, Investments, etc...)			
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 In.			
_____	Per _____	Source: _____	
_____	Per _____	Source: _____	
If alimony, child support or separate maintenance income is disclosed as "Other Income," are payments being received under:			
<input type="checkbox"/> court order (please verify)	<input type="checkbox"/> written agreement (please verify)	<input type="checkbox"/> oral understanding	
Is any income listed in this entire section likely to be reduced before this loan is paid off?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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		Mo. Payment
			Credit Limit	Current Balance	
<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					

Are you a co-maker, endorser, or guarantor on any debt not listed above? 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 of 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 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 Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below 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 Denied

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: