



North Towns Federal Credit Union
 9145 Sheridan Drive
 Clarence, NY 14031
 Phone: 716-630-0888 www.northtownsfcu.com

CREDIT UNION USE ONLY

Revised 01/11/2023

Loan Application

NMLS INSTITUTION #407864
 Mortgage Originators:
 Cheree E. Caprio MLO#2019454 Rebecca L. Smith MLO#2019456

Applicant's Account #	Repayment Type	Loan Note #	
New Loan Amount	Current Loan Balance	GAP Ins.	Total Loan Amount
Credit Score	Rate	Monthly Payment	1st Payment Date

I/We are applying for a loan in the amount of \$ _____
 to be repaid in _____ months.
 The purpose of this loan is: _____

GAP INSURANCE: This insurance covers the GAP or difference between the insurance settlement and loan balance if your vehicle suffers a total loss. A separate insurance form which discloses the conditions must be signed before coverage is effective.

Yes Not at this time I would like more information

PAYMENT PROTECTION: If you answer "yes," then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

I am not interested in payment protection insurance
 Single Credit Life Insurance (first named borrower)
 Joint Credit Life Insurance
 Single Credit Disability Insurance (first named borrower)

If you are applying for an automobile loan, please complete below:

Year _____ Make: _____ Model _____
 VIN# _____
 Insurance Company: _____
 Insurance Agent: _____
 Phone: _____ Fax: _____

NOTICE OF INTENT: If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit:

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Applicant Co-Applicant Spouse Guarantor Other

Full Name _____ Full Name _____

Email Address _____ Email Address _____

Social Security Number _____ Date of Birth _____ Social Security Number: _____ Date of Birth _____

Home Phone: _____ Cell Phone: _____ Drivers License State/Number _____ Home Phone: _____ Cell Phone: _____ Drivers License State/Number _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Yrs at Address _____ Own _____ Live w/ Parents _____ Ages of Dependents _____ Yrs at Address _____ Own _____ Live w/ Parents _____ Ages of Dependents _____

Previous Address (if you have lived at the above address less than two years) _____ Previous Address (if you have lived at the above address less than two years) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Current Employer _____ Years Employed _____ Current Employer _____ Years Employed _____

Position/Title _____ Self Employed? _____ Position/Title _____ Self Employed? _____

Previous Employer (if your present employer is less than 2 years) _____ Years Employed _____ Previous Employer (if your present employer is less than 2 years) _____ Years Employed _____

Position/Title _____ Self Employed? _____ Position/Title _____ Self Employed? _____

Wages/Salary (Please submit a copy of your most recent pay stub with this application) _____ Wages/Salary (Please submit a copy of your most recent pay stub with this application) _____

\$ _____ Per _____ Gross Take Home \$ _____ Per _____ Gross Take Home

Note: _____ Note: _____

Additional Income: _____ Additional Income: _____

\$ _____ Per _____ Source: _____ \$ _____ Per _____ Source: _____

\$ _____ Per _____ Source: _____ \$ _____ Per _____ Source: _____

NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered. NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

Reference: Name of nearest relative not living with you				Reference: Name of nearest relative not living with you			
Relationship		Phone Number		Relationship		Phone Number	
Street Address				Street Address			
City		State	Zip	City		State	Zip

Real Estate Owned:				Real Estate Owned:					
<input type="checkbox"/> Primary Residence		<input type="checkbox"/> Rental Property		<input type="checkbox"/> Primary Residence		<input type="checkbox"/> Rental Property			
Street Address				Street Address					
City		State	Purchase Price	Current Market Value	City		State	Purchase Price	Current Market Value

Information About Your Debts: <i>Attach additional sheet(s) if necessary</i>				Information About Your Debts: <i>Attach additional sheet(s) if necessary</i>			
Type of Debt	Creditor	Balance	Monthly Pmt	Type of Debt	Creditor	Balance	Monthly Pmt
<input type="checkbox"/> Mortgage				<input type="checkbox"/> Mortgage			
<input type="checkbox"/> Rent				<input type="checkbox"/> Rent			
Annual Property taxes & Insurance if not included in mortgage payment:				Annual Property Taxes & Insurance if not included in mortgage payment:			
Child Care:				Child Care:			

Declarations		Borrower		Co-Borrower	
<i>If you answer "Yes" to any questions b through g, please use space below or attach a separate sheet for explanation.</i>		Yes	No	Yes	No
a. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ARE YOU A PARTY IN A LAWSUIT?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. DO YOU HAVE ANY OUTSTANDING JUDGEMENTS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. IS ANY INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY OTHER DEBT NOT LISTED ABOVE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES, for Whom?</i>				<i>To Whom?</i>	
_____				_____	

Representations and Authorizations

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. YOU UNDERSTAND 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.

Please mark with an "X" when complete (if applicable)

Please submit your two most recent paystub with this application.

If you are applying for an automobile loan, you will need to have your insurance agent fax or email an insurance binder listing North Towns Federal Credit Union, as loss payee on your policy, PRIOR to closing.

Applicant's Signature	Date	Co-Applicant's Signature	Date
-----------------------	------	--------------------------	------

Explanations: *Please use this space to further explain any areas of the application. Attach additional sheet(s) if necessary.*

CREDIT UNION USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Counter-Offer to be made. Application will be approved if applicant accepts all conditions set forth below		
<input type="checkbox"/> Denied	<input type="checkbox"/> Supply an Acceptable Co-signer		
	<input type="checkbox"/> Other: _____		
Loan Officer's Signature	Date	Loan Officer's Signature (if applicable)	Date



CUNA MUTUAL GROUP

CMFG Life Insurance Company

Home Office:
2000 Heritage Way
Waverly, IA 50677
Administrative Office:
5910 Mineral Point Road
Madison, WI 53705
Phone: 800.356.2644

**MONTHLY PREMIUM
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

Credit Card

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary NORTH TOWNS FEDERAL CREDIT UNION		Group Policy Contract No. 031-0879-2	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No.		Secondary Beneficiary	
Rate(s) per \$1000 of Your monthly Loan balance			
Single Life \$ 0.54		Joint Life \$ 0.87	
Single Disability \$ 2.06		Joint Disability \$ N/A	
Insurance Applied For		Applicable Maximums	
Life Insurance			
Who do You want covered by life insurance?			
Check only one:		Maximum Monthly Disability Benefit	
<input type="checkbox"/> Only borrower 1 (single)		N/A	
<input type="checkbox"/> Both borrowers (joint)		Total Benefit Maximum	
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)		\$30,000.00	
<input type="checkbox"/> Neither borrower		Maximum Issue Age	
		70	
		66	
Disability Insurance		TERMINATION AGE	
Who do You want covered by disability insurance?		70	
Check only one:		66	
<input type="checkbox"/> Only borrower 1 (single)			
<input checked="" type="checkbox"/> N/A Both borrowers (joint)			
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)			
<input type="checkbox"/> Neither borrower			
Waiting Period		Benefits Begin	
30 days		Retroactive	

CI-MP-SCH-OECE NY

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

CI-MP-BAPP-OECE-S1 NY

© CUNA Mutual Group 2011 All Rights Reserved

(continued)

IXXG00-e 082516
031-0879-2

EVIDENCE OF INSURABILITY QUESTIONS:

INSTRUCTIONS:

Applicants for disability insurance: You must answer the Actively at Work Question.

Actively at Work Question

Mark as appropriate

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.

Borrower 1 Borrower 2
 Yes No Yes No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

FRAUD WARNING-DISABILITY COVERAGE ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature Date
X

Borrower 2 Signature Date
X