



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

Loan Application

NMLS INSTITUTION #407864

Mortgage Originators:

Cheree E. Caprio MLO#2019454 Rebecca L. Smith MLO#2019456

Loan Amount \$ _____ Loan Term _____

Auto-debit my Share / Draft Account # _____ for my payment

The purpose of this loan is: _____

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)

Applicant

Full Name _____

Email Address _____

Social Security Number _____

Date of Birth _____

Home Phone: _____

Cell Phone: _____

Drivers License State/Number _____

Street Address _____

City _____

State _____

Zip _____

Yrs at Address _____

☐ Own
☐ Rent

☐ Live w/ Parents
☐ Other

Ages of Dependents _____

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

City _____

State _____

Zip _____

Current Employer _____

Years Employed _____

Position/Title _____

Self Employed? ☐

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

Years Employed _____

Position/Title _____

Self Employed? ☐

Wages/Salary (Please submit a copy of your 2 most recent pay stub with this application)

\$ _____ Per _____ ☐ Gross
☐ Take Home

Note: _____

Additional Income:

\$ _____ 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 to qualify.

CREDIT UNION USE ONLY

Revised 06/25/2025

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 _____

GAP INSURANCE: Covers the difference between the insurance settlement and loan balance in the event of a total loss. A GAP waiver which discloses the conditions will be signed at closing to accept or decline coverage.

☐ Yes

☐ Not at this time

☐ I would like more information

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

Year _____

Make: _____

Model _____

VIN# _____

Insurance Agent/Company: _____

Agent Address: _____

Phone: _____

Fax: _____

Co-Applicant (initial Notice of Intent on reverse)

Co-Signer

Full Name _____

Email Address _____

Social Security Number: _____

Date of Birth _____

Home Phone: _____

Cell Phone: _____

Drivers License State/Number _____

Street Address _____

City _____

State _____

Zip _____

Yrs at Address _____

☐ Own
☐ Rent

☐ Live w/ Parents
☐ Other

Ages of Dependents _____

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

City _____

State _____

Zip _____

Current Employer _____

Years Employed _____

Position/Title _____

Self Employed? ☐

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

Years Employed _____

Position/Title _____

Self Employed? ☐

Wages/Salary (Please submit a copy of your 2 most recent pay stub with this application)

\$ _____ Per _____ ☐ Gross
☐ Take Home

Note: _____

Additional Income:

\$ _____ 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 to qualify.

Please use this area to further explain any areas of this application. Attach additional sheet(s) if necessary.

Reference: Nearest relative not living with you				Co-Applicant Reference: Nearest relative not living with you															
Relationship		Phone Number		Relationship		Phone Number													
Street Address				Street Address															
City		State	Zip	City		State	Zip												
Real Estate You Own:				Real Estate You Own:															
<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: Attach additional sheet(s) if necessary				Co-Applicant: Information About Your Debts:															
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											
If you answer "Yes" to any questions b through g, please use space below or attach a separate sheet for explanation.				Yes				No				Yes				No			
a. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?																			
b. HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?																			
c. HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS?																			
d. ARE YOU A PARTY IN A LAWSUIT?																			
e. DO YOU HAVE ANY OUTSTANDING JUDGEMENTS?																			
f. IS ANY INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?																			
g. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY OTHER DEBT NOT LISTED ABOVE?																			
If YES, for Whom?				To Whom?															
Representations and Authorizations																			
By signing, you agree that all personal and financial information provided in this application is true and accurate to the best of your knowledge. If there are any significant changes in your information, 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 North Towns Federal Credit Union will rely on the information in this application and your credit report to make a credit decision. You may request the Credit Union provide you with the name and address of the credit bureau from which it received a credit report on you. We are not authorized to release a hard copy of your credit report to you.																			
IT IS A FEDERAL CRIME TO KNOWINGLY AND DELIBERATELY PROVIDE FALSE AND/OR INACCURATE INFORMATION ON LOAN APPLICATIONS MADE TO FEDERAL AND/OR STATE CHARTERED CREDIT UNIONS INSURED BY THE NATIONAL CREDIT UNION ADMINISTRATION.																			
Please mark with an "X" when complete (if applicable)																			
<input type="checkbox"/> I have included two most recent paystubs or other acceptable income verification with this application.																			
<input type="checkbox"/> I have provided a purchase order, 10-day payoff and original title, lease buyout documents, or copy of title if applicable.																			
Reg B Notice of Intent - We agree that we are applying for joint credit: Applicant Initials: Co-Applicant Initials: Date:																			
Applicant's Signature				Date				Co-Applicant's Signature				Date							
Loan Applications are NOT considered complete until all information necessary to make a credit decision is received.																			
We CANNOT fund a vehicle or home equity loan without an insurance binder listing North Towns FCU as "loss payee".																			
Applications are reviewed in the order they are received.																			
While we strive to provide same day decisions, please allow up to 24-48 hours for a credit decision.																			
CREDIT UNION USE ONLY																			
<input type="checkbox"/> Approved																			
<input type="checkbox"/> Counter-Offer - Application may be approved if additional conditions are met.																			
<input type="checkbox"/> Provide an Qualified Co-signer																			
<input type="checkbox"/> Denied																			
Other:																			
Loan Officer's Signature				Date				CEO/Loan Officer Signature for Policy Exception				Date							