



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: \_\_\_\_\_

**DEBT PROTECTION:** If you elect to enroll in debt protection, the credit union will disclose the cost of the product to you. A separate document which discloses the terms and conditions must be signed at the time of loan closing for protection to be effective.

- ☐ I am not interested in Protecting this debt  
☐ I elect to enroll in LifePlus Protection  
☐ I elect to enroll in LifePlus Disability  
☐ I elect to enroll in Life Plus Disability & Involuntary Unemployment

### CREDIT UNION USE ONLY Revised 12/30/2025

Applicant's Account #		Repayment Type		Loan Note #	
New Loan Amount		Current Loan Balance		GAP Ins.	
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: \_\_\_\_\_

#### 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.

#### 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"/> Denied		<input type="checkbox"/> Provide an Qualified Co-signer							
		Other:							
Loan Officer's Signature		Date		CEO/Loan Officer Signature for Policy Exception		Date			