

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

|                       |  |                        |  |                  |  |
|-----------------------|--|------------------------|--|------------------|--|
| Applicant's Account # |  | Co-Applicant Account # |  | Loan Note #      |  |
| New Loan Amount       |  | Current Loan Balance   |  | GAP Ins.         |  |
| 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 |
|   | Rent        | Other                        |                    |   | Rent        | Other                        |                    |
| 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)  
 \$ \_\_\_\_\_ Per \_\_\_\_\_  Gross  Take Home  
 Note: \_\_\_\_\_  
 Additional Income:  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ Source: \_\_\_\_\_

**Wages/Salary** (Please submit a copy of your 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.

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

|  |  |              |     |  |  |              |     |
|--|--|--------------|-----|--|--|--------------|-----|
| <b>Reference: Name of nearest relative not living with you</b> |  |              |     | <b>Reference: Name of nearest relative not living with you</b> |  |              |     |
| Relationship   |  | Phone Number |     | Relationship   |  | Phone Number |     |
| Street Address   |  |              |     | Street Address   |  |              |     |
| City   |  | State        | Zip | City   |  | State        | Zip |

|  |  |  |                |  |      |  |       |                |                      |
|--|--|--|----------------|--|------|--|-------|----------------|----------------------|
| <b>Real Estate Owned:</b>                  |  |  |                | <b>Real Estate Owned:</b>                  |      |  |       |                |                      |
| <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 |

| <b>Information About Your Debts:</b> <i>Attach additional sheet(s) if necessary</i> |          |         |             | <b>Information About Your Debts:</b> <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:   |          |         |             |
|   |          |         |             |   |          |         |             |
|   |          |         |             |   |          |         |             |
|   |          |         |             |   |          |         |             |
|   |          |         |             |   |          |         |             |
|   |          |         |             |   |          |         |             |
|   |          |         |             |   |          |         |             |

|   |  |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Declarations</b>   |  | 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"/> |
| If YES, for Whom? _____ To Whom? _____  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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, please submit a copy of your insurance card listing your insurance company, insurance agent and insurance agent's phone number.

|                       |       |                          |       |
|-----------------------|-------|--------------------------|-------|
| _____                 | _____ | _____                    | _____ |
| 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**

Approved       Counter-Offer to be made. Application will be approved if applicant accepts all conditions set forth below

Denied       Supply an Acceptable Co-signer

Other: \_\_\_\_\_

|                          |       |  |       |
|--------------------------|-------|--|-------|
| _____                    | _____ | _____                                    | _____ |
| Loan Officer's Signature | Date  | Loan Officer's Signature (if applicable) | Date  |