

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

Loan Application

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

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

I/We are applying for a loan in the amount of \$ _____
 to be repaid in _____ months.
 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)

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	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other	Ages of Dependents	Yrs at Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other	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)
 \$ _____ Per _____ Gross Take Home
 Note: _____
 Additional Income:
 \$ _____ Per _____ Source: _____
 \$ _____ Per _____ Source: _____

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 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.

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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>					
a. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		Yes	No	Yes	No
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?					
<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

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