

MARYVALE SCHOOLS FEDERAL CREDIT UNION

APPLICATION FOR LOAN

(Unsecured/Secured Closed End)

| | | | |
|--|-----------|--------|------|
| NAME | ACCOUNT # | NOTE # | DATE |
| <input type="checkbox"/> APPLICANT <input type="checkbox"/> ADDITIONAL PARTY | | | |

I/We hereby apply for a loan as follows:

| | |
|---------------------------------------|-----------------|
| Amount of money requested | \$ _____ |
| Present loan balance (if applicable) | \$ _____ |
| Accrued finance charge (interest due) | \$ _____ |
| Other charges | \$ _____ |
| TOTAL NEW LOAN | \$ _____ |

To be repaid in _____ payments (including/plus interest) of \$ _____ Starting on ____ / ____ / ____

Purpose of loan _____ %

| | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Individual Credit - | | <input type="checkbox"/> Applicant's signature only |
| | | <input type="checkbox"/> Endorser, guarantor or surety (Co-signer) Name |
| <input type="checkbox"/> Joint Credit - Joint Applicant or Co-maker (person equally liable for repayment & must complete separate application) | | |
| Name | Relationship to Applicant if any | |
| <input type="checkbox"/> Secured Credit - Collateral | | |
| Shares in Account Nos. | Amount \$ | |
| New/Used Auto - Make | Year | Cost \$ |
| Owner's Names | Vehicle ID# | |

| | | | | |
|--|----------------------------|------------|-------------------|----------------|
| Name | | Birth Date | | Soc Security # |
| Present Address | | City | State | Zip Code |
| # of Years @ address | Home Phone # | | Drivers License # | |
| If present address is less than 2 years: | # of Years @ prior address | | | |
| Address | | City | State | Zip Code |

| | | | |
|--|------|--------------|---------------------|
| # of Dependents (exclude self) | Ages | | |
| Name of nearest relative not living with you | | Relationship | |
| Address | | City | State Zip Code |

| | | | |
|---|-------|---------------------|---------------------|
| Present Employer | | Work Phone | |
| Address | | City | State Zip Code |
| # of years employed | Title | Supervisor | |
| <i>If employed less than 3 years, complete the following:</i> | | | |
| Previous Employer | | # of years employed | |
| Address | | City | State Zip Code |

| | | |
|--|---|--------------------|
| Salary: | <input type="checkbox"/> NET <input type="checkbox"/> Gross | \$ _____ per _____ |
| *Other Income: | <input type="checkbox"/> NET <input type="checkbox"/> Gross | \$ _____ per _____ |
| *Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan | | |
| Is any income listed likely to be reduced before this loan is paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes explain: | | |
| Share Draft / Checking Acct # _____ Where _____ | | |
| Share / Savings Acct # _____ Where _____ | | |
| If purchasing an auto, state Insurance Company/Agent _____ | | Phone # _____ |

OUTSTANDING DEBTS (INCLUDE ALL DEBTS. ATTACH ANOTHER SHEET IF NECESSARY.)

| CREDITOR & ACCOUNT NUMBER | DATE OF LOAN | ORIGINAL DEBT | PRESENT BALANCE | MONTHLY PAYMENT | PAST DUE? Y OR N |
|---------------------------|--------------|---------------|-----------------|-----------------|------------------|
| Rent/Mortgage | | | | | |
| Home Equity | | | | | |
| 1 st Auto Loan | | | | | |
| 2 nd Auto Loan | | | | | |
| Credit Union | | | | | |
| Credit Union | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Credit Card | | | | | |
| Student Loans | | | | | |
| Other | | | | | |
| Alimony, etc | | | | | |
| | | | | | |
| TOTALS | | | | | |

If any other person is obligated on any of the above loans, list the name(s) with the specific loan.

If you are a co-maker, co-signer or guarantor of any other loan, list that person's name and the creditor.

If you have declared bankruptcy within the last 14 years, please state the year.

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.
 In considering this application the Credit Committee and/or Loan Officer may request and use a report from outside credit reporting agencies. We may also ask a credit reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which you're applying. If you request, we will inform you whether or not we asked for such a report and, if we have, the name and address of the agency or agencies. I acknowledge notice of this disclosure under Article 25 of the NYS General Business Law.

Members Signature

Date

For Credit Union Use Only

| | |
|--|--|
| <input type="checkbox"/> | Approved as submitted |
| <input type="checkbox"/> | Referred to Credit Committee Reason: |
| <input type="checkbox"/> | Rejected as submitted Reason: |
| <input type="checkbox"/> | The following counter offer is being made to the applicant and if accepted, the loan will be approved. |
| Describe: | |
| Outside credit reporting information considered. (Y / N) | |
| Loan Officer Signature | Date |
| Credit Committee Member Signature | Date |
| Credit Committee Member Signature | Date |
| Credit Committee Member Signature | Date |
| ECOA Notice and Reason for Rejection sent/delivered on | |
| Signed | |