

U A L U 354 FEDERAL CREDIT UNION
P O DRAWER I
YOUNGWOOD, PA 15697
PHONE: 724 925 9354 1 800 344 3540

May 21, 2019

Dear Member,

Enclosed is the loan application you requested. **Please complete all information blanks on both sides and return it with proof of income** (a copy of your last 2 pay stubs, Social Security determination letter, or pension award letter). **For a Vehicle or Recreational Vehicle loan, we also need a Bill of Sale and information regarding your insurance coverage, the agent's name, and phone number** (a copy of your most recent insurance card). A \$5.00 fee will be charged to all vehicle loans for Electronic Lien Titling. **For a Bill Consolidation loan, include copies of the bill(s) that you wish to pay, making sure that you provide us with the pay off amount(s) and a mailing address. For a Share Secured loan, you need only complete and return the loan application.** Also, please be sure to provide a reason for the loan (do not write "personal").

It is the policy of the Credit Union to ask first time borrowers for a cosigner due to no prior history of repayment with the Credit Union.

Once we receive the completed loan application back in our office, your loan will be given to the Loan Officer for review. If you have any questions, please call our office at **724/925-9354** or **1-800-344-3540** and we will be glad to be of assistance.

Thank you,

Jennifer Warrington
MSR
UALU 354 FCU

Enclosure
Jlw

UALU 354 FEDERAL CREDIT UNION

LOAN APPLICATION

Please print all information clearly

MAIL COMPLETED FORM TO: UALU 354 FEDERAL CREDIT UNION
P.O. DRAWER I
YOUNGWOOD, PA 15697
OR FAX COMPLETED FORM TO: (724) 925-1375

Information Herein Applies To: ___ Member ___ Additional Party
Amount of Money Requested: _____ Number of Payments: _____

Purpose of Loan: ___ Bill Consolidation (include balance, acct. #, address)
___ New/ Used Auto
___ Vacation
___ Other _____
(DO NOT WRITE PERSONAL)

Full Name: _____
Street Address: _____
City, State & Zip _____
Years at present address _____ Rent OR Own Home (check one box)
Social Security No. _____
Driver's License No. _____
Birth Date _____
Phone: Home _____
Work/ Cell _____

Employer _____ Address _____
Years there _____ Position/ Title _____ Supervisor _____
Name of nearest relative Not living with you _____ Relationship to you _____
Their address _____ Their phone number _____

If in the present residence less than two years, complete the following:
Previous address _____ Number of years there _____

If employed less than two years in your current position, complete the following:
Previous employer _____ Address _____
Years there _____

Your income: Monthly Gross \$ _____ Monthly Net \$ _____ Number of dependents _____
Other income: Monthly Gross \$ _____ Monthly Net \$ _____

INCOME MUST BE VERIFIED BY CURRENT PAY STUBS or YOUR MOST RECENT W2 - (Please send with Application)
Your loan application CANNOT be processed until verification is received.

If other income is listed, it must be verified by current pay stubs, Federal Tax Schedule E for rental income, or Federal Tax Schedule C for Business income.

NOTE: Alimony, child support, or separate maintenance income need NOT be revealed if you do not wish them considered as income in calculating your debt ratio for this loan.

Savings Account Number: _____ Name of Bank or Institution: _____
Checking Account Number: _____ Name of Bank or Institution: _____

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.

PLEASE COMPLETE THE FOLLOWING

| Monthly Consumer Debt (MCD) | Account No. | Outstanding Balance | Monthly Payment |
|---|-------------|---------------------|-----------------|
| Mortgage/ Rent | | \$ | \$ |
| Credit Union Loan | | \$ | \$ |
| Credit Union Loan | | \$ | \$ |
| Child Support/ Alimony | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| If you need additional space to list your monthly consumer debts, continue on a blank page and attach to this loan application. | | | Subtotal |

| | | |
|---|------------------------------|-----------------------------|
| Are there other people obligated on any of the above loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, which loan(s) & who is obligated? | _____ | |
| Are you a co-signer or guarantor on any loan(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, what is the amount? | _____ | |
| Have you declared bankruptcy in the last 14 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

UALU 354 Federal Credit Union offers Life Insurance coverage and Temporary Disability Insurance for which the member must pay. Coverage is only available up to age 70.

Do you want Life Insurance coverage? Yes No

Do you want Disability Insurance coverage? Yes No

Do you want Direct Deposit from your personal checking account? Yes No

Do you want your monthly payments taken from your Credit Union Share Acct.? Yes No

If you are applying for an auto loan and the vehicle is going to be jointly titled, both parties must sign the loan application and the loan agreement. Additionally, there will be a \$5.00 fee charged on all vehicle loans for Electronic Lien Titling.

I affirm that all information I have provided on this loan application is complete and correct to the best of my knowledge. I authorize UALU 354 Federal Credit Union to obtain a credit report and verify my employment history, and to release credit information as required to process this application.

Signature of Member: _____ Date: _____

Signature of Co-signer: _____ Date: _____

Cosigner's Social Security No.: _____ Date of Birth: _____

Address: _____ Phone No.: _____

| | | | | |
|------------------|--|-----------------------|-------------------------------|----|
| Reviewed by: | | Loan Approved: | Yes | No |
| _____ Date _____ | | Reason for Rejection: | <u>See Form ECO2 attached</u> | |
| _____ Date _____ | | | | |
| _____ Date _____ | | | | |