

Member Loan Application

Crouse Federal Credit Union

730 South Crouse Avenue
 Syracuse, New York 13210
 315-470-7928 Fax: 315-470-5633
 www.crousefcu.com

- For fast approval of your loan, fax this handy application to us at 315 470-5633
 - You must call to confirm receipt of your information- 315 470-7928
- Return this form with a current pay stub or verification.
- Id must be on file or include a copy
- Provide a day and evening phone number
- For more information: Refer to Loan Packet Brochure in Printable forms

Type and Amount of Credit you're Requesting

Loan Amount Requested:

Months to Repay Loan:

Purpose of Loan:

Your CU Act #:

Security Offered:

Titled to Whom:

Type of Credit: Individual Joint (Ask for Separate Application)

Will the loan be repaid with payroll deduction? Yes No

Are you interested in Bi-Weekly payments? Yes No

Transfer payment from: Savings Checking

Group Credit Insurance is voluntary and not a requirement of your loan. To be eligible for Group Credit Life and or Disability Insurance your loan must mature before your 70th birthday. Additionally, to be eligible for Credit Disability Insurance, you must be actively at work and gainfully employed at least 20 hours per wk. As part of the enrollment process, you may be asked to satisfactorily complete a separate statement of insurability.

Assuming that your application for credit is approved and you are eligible for insurance, the credit union will disclose its total cost to you. You will be asked to sign the request for coverage contained on the Personal LoanPlanNote, Security Agreement and Truth in Lending Disclosure form.

Indicate which credit insurance option(s) you desire.

Joint Credit Life Ins Single Credit Life Ins. Single Credit Disability Ins. NONE

Tell us About Yourself

Your Full Name: Social Security No.:

Complete Address: Street City State Zip E-Mail Address:

How long at Present Address: Own Rent Date of Birth: US Citizen Y or N

Home Phone: Cell Phone Driver's License No.:

Please give us Information about Your Employer and Income

Employer: Address:

Work Phone: Payroll # Years Employed:

Department/Position Income Gross \$ Per Other Income Gross \$ per Source

Mother Maiden Name Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered #of Dependents

Year/Make of Auto(s)

Please List Your Debts (Use another sheet if necessary)

Loan or Debt	Creditor	Current Balance	Monthly Payment
Mortgage/Rent			
Automobile			
Credit Card			
Credit Card			
Other			

Are you a co-maker, endorser or guarantor on any debt not listed above? Yes No If "Yes", list debtor's name and amount _____

Are there any unsatisfied judgments, garnishments or lawsuits pending against you? Yes No If "Yes" provide amounts _____

Have you declared bankruptcy in the last 10 years? Yes No If "Yes", provide date, place of filing. _____

Have you been denied credit in the last six months? Yes No Have you ever been granted credit in another name? Yes No

Are you presently liable for any alimony, child support or separate maintenance payments? Yes No If "Yes", what is the amount? _____

Name of nearest Relative not living with you: Name Address Phone

You represent that everything you have stated in this application is correct to the best of your knowledge. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. 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 that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan application made to a Federal Credit Union insured by the NCUA.

Applicant's Signature _____ Date _____



Member Notified of Timeline for approval: _____

Contact Information: Day _____ Evening _____

Loan Interview

Notes/Comments: _____

Review Status

- Approved**
Reason for Approval _____

- Denied**
Reason for Denial _____

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

Amount _____ **Rate** _____ **Term** _____ **1st Pmt** _____

Overdraft/LOC Limit: \$ _____ Rate _____
Credit Card: \$ _____ Rate _____ Secured (Yes or No)
Required:

- Guarantor (Yes or No) _____
- Gap (Yes or No) _____
- Insurance (Yes or No) _____
- Collateral _____
- Checks payable to creditors (Yes or No) _____
- Refinance Loan (Yes or No) Pay off Loan # _____
- Filing Fee (Yes or No) _____
- Board Signature/Review (Yes Or No) _____

Adverse Action Sent: _____

Approval Signature _____ **Date** _____
Approval Signature _____ **Date** _____