

# Credit Application/Update

## CREDIT UNION

## MEMBER/APPLICANT INFORMATION

**CHEN-DEL-O FEDERAL CREDIT UNION**  
**P.O. BOX 102 - 114 MAIN ST**  
**FRANKLIN, NY 13775**  
**1-800-462-0320**  
**www.chendelo.org**

Account Number \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Request For Credit:

Purpose of Application \_\_\_\_\_

Collateral Information \_\_\_\_\_ Owner(s) of Collateral \_\_\_\_\_

Check One  New Credit  Change in Credit Limit  Refinance  Check One  Applicant  Co-Applicant  Guarantor (Co-Maker)

REPAYMENT  Monthly  Bi-Weekly  Semi-Monthly  Weekly PAYROLL DEDUCTION  Yes  No

Date of Request \_\_\_\_\_ Amount Requested \_\_\_\_\_ Term \_\_\_\_\_

Check One  Secured  Unsecured

### Personal Information:

Check One  Own  Rent  Live with Parents  Other \_\_\_\_\_ How Long at the Above Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Previous Street Address if less than 2 years \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

### Financial Information:

Important: 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.

Employment Income  Gross  Annual  Bi-Weekly  Net  Monthly  Weekly Other Income \$ \_\_\_\_\_ Sources \_\_\_\_\_

Share Draft / Checking Balance \_\_\_\_\_ Address of Credit Union / Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_

Share / Savings Balance \_\_\_\_\_ Address of Credit Union / Financial Institution \_\_\_\_\_ Account Number \_\_\_\_\_

### Employment Information:

Current Employer \_\_\_\_\_ Address (including City, State & Zip Code) \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor \_\_\_\_\_ Date of Hire \_\_\_\_\_ Department \_\_\_\_\_ Title / Grade \_\_\_\_\_ Payroll No. \_\_\_\_\_

Previous Employer (if less than 2 years at Present Employer) \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Title / Grade \_\_\_\_\_ Previous Supervisor \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Nearest Relative: (not living with you)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

# Credit Application/Update - Continued

Last Name

**MEMBER APPLICANT**

First

Initial

## Assets:

List any asset that you own which you would like us to consider in regards to this Credit Application/Update.

Type of Asset	Description	Location	Pledged as Collateral for other Loans	Value
REAL ESTATE				
REAL ESTATE				
AUTOMOBILE				
AUTOMOBILE/ RV/BOAT				
LIFE INSURANCE CASH VALUE				
STOCKS, BONDS, MUTUAL FUNDS				
OTHER				
OTHER				

## Outstanding Debt and Credit History Information:

List ALL banks, department stores, loan and finance companies, credit unions, and others to whom you are indebted. Be sure to indicate name(s) in which account is carried. Use separate sheet if necessary. BE SURE TO INCLUDE ANY LEASE AND/OR COSIGNOR OBLIGATIONS, LEINS AND/OR JUDGEMENTS.

Loan or Debt	Creditor Name & Address	Account Number	Original Amount/ Credit Limit	Current Balance	Monthly Payment
MORTGAGE/RENT			\$	\$	\$
SECOND MORTGAGE/ HOME EQUITY					
AUTOMOBILE					
AUTOMOBILE					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
LINE OF CREDIT					
LINE OF CREDIT					
DEPARTMENT STORE					
OTHER					
OTHER					

I  have  have not declared bankruptcy in the last 10 years. If I have, it was on (date) \_\_\_\_\_  
at (location) \_\_\_\_\_

I  have  have not been granted credit in another name (for example maiden name).  
If I have, the name was \_\_\_\_\_

I  am  am not a Co-Maker, Cosigner or Guarantor on other loans. If I am, the name and address of the creditor(s) is \_\_\_\_\_

## Please Read, Sign and Date Statement:

I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining credit. I have no other debts than those listed above. In considering this application the loan officer may request and use a report from outside credit reporting agencies. You may also ask a reporting agency or agencies for other such reports in connection with the update/renewal or extension of the credit for which I am applying. If I request it, you will tell me whether or not you asked for such a report, and if you have, the name and address of the agency or agencies. I acknowledge notice of this disclosure under Article 25 of the New York State General Business Law.

Date \_\_\_\_\_ Signature X \_\_\_\_\_ Witness \_\_\_\_\_

## For Credit Union Only:

LOAN OFFICER  Referred to Credit Committee Reason for Referral: \_\_\_\_\_  
 Approved as Submitted  Credit Application rejected

Loan Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT COMMITTEE  Approved as Submitted  Credit application rejected

Counter offer made to Applicant. If accepted, approved.

ECOA Notice sent or delivered:

By \_\_\_\_\_ Date \_\_\_\_\_  
(Credit Union representative)

Describe Counter Offer or Specific Reason for Rejection: \_\_\_\_\_

### COMMITTEE SIGNATURES AND DATES

By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

CREDIT LIMITS  
UNSECURED LOANS \$ \_\_\_\_\_  
SECURED LOANS \$ \_\_\_\_\_