

## Loan Application Check List

1. Account No. : \_\_\_\_\_
  
2. Purpose of Loan:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Amount Needed: \_\_\_\_\_
  
4. Repayment: \_\_\_\_\_ Monthly                      \_\_\_\_\_ Bi-Weekly  
                                 \_\_\_\_\_ Weekly                      \_\_\_\_\_ Semi-Monthly
  
5. Term of Loan: \_\_\_\_\_ 6 years                      \_\_\_\_\_ 5 years                      \_\_\_\_\_ 4 years  
                                 \_\_\_\_\_ 3 years                      \_\_\_\_\_ 2 years                      \_\_\_\_\_ 1 year
  
6. Insurance on Loan: \_\_\_\_\_ Single Life                      \_\_\_\_\_ Single Disability  
                                 \_\_\_\_\_ Joint Life                      \_\_\_\_\_ Joint Life/Single Disability  
                                 \_\_\_\_\_ None                      \_\_\_\_\_ GAP (if vehicle loan)

Along with a completed loan application & check list, please include a copy of a recent paystub or verification of other income you receive (social security, retirement, child support). If you are self employed we will need a copy of your complete prior year federal income tax return.

If you are applying for a vehicle loan you will need to provide a purchase agreement if purchasing from a dealer, or bill of sale if purchasing from an individual that gives year, make, model and VIN number. If purchasing from an individual we will also need a copy of the current title. If there is a lien listed on the title we will need the lien release. If you are applying to refinance a vehicle loan we will need a letter from the current company that holds the loan giving a 10-day payoff.

**Chen-Del-O Federal Credit Union**

114 Main Street - PO Box 102  
Franklin NY 13775-0102  
607-829-3560 - 800-462-0320



**CONSUMER LOAN APPLICATION**

ACCOUNT NUMBER	DATE
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MARRIED APPLICANTS may apply for a separate account. **Check the type of credit account for which you wish to apply.**  
 **Individual Credit** – You must complete the applicant section about yourself and the other section about your spouse if: (1) You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a source of repayment.  
 **Joint Credit** – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and Spouse Co-Applicant section.  
 \_\_\_\_\_ Initial here if you intend to apply for Joint Credit

**Type of Credit Applied For:**  
 Loan Type (auto, credit card, signature): \_\_\_\_\_ Amount Requested: \_\_\_\_\_ Term (mos) \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Collateral Offered: \_\_\_\_\_  
 Payment Method:  Cash  Military Allotment  Payroll Deduction  Automatic Payment  
 Payment Frequency:  Monthly  Other \_\_\_\_\_  
 Authorized User Name (credit card only): \_\_\_\_\_

**Notice To Credit Card Applicants:** Please refer to the Important Credit Disclosure included with this application for information regarding the costs associated with the use of your Credit Card. You further understand that if you are approved, your use or allowing the card to be used will constitute acknowledgment, receipt and your agreement to the terms and conditions of the credit card agreement provided to you separately or with the card.

**APPLICANT**  **CO-SIGNER**

**Complete for secured credit or if you live in a community property state.**  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	NO. OF DEP.	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MOTHER'S MAIDEN NAME	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP CODE		
FORMER STREET ADDRESS (if current less than 2 years)	YEARS THERE	
CITY/STATE/ZIP		
PERSONAL REFERENCE 1 (Name and Address)	PHONE NO. & RELATIONSHIP	
PERSONAL REFERENCE 2 (Name and Address)	PHONE NO. & RELATIONSHIP	

**SPOUSE**  **CO-APPLICANT**

**Complete for secured credit or if you live in a community property state.**  
 MARRIED  SEPARATED  UNMARRIED (Single, Divorced, Widowed)

SPOUSE/CO-APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	NO. OF DEP.	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MOTHER'S MAIDEN NAME	RELATIONSHIP TO APPLICANT	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP CODE		
FORMER STREET ADDRESS (if current less than 2 years)	YEARS THERE	
CITY/STATE/ZIP		
PERSONAL REFERENCE 1 (Name and Address)	PHONE NO. & RELATIONSHIP	
PERSONAL REFERENCE 2 (Name and Address)	PHONE NO. & RELATIONSHIP	

**EMPLOYMENT & INCOME** If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER	HIRE DATE	
CURRENT ADDRESS		
WORK PHONE NO.	POSITION	MONTHLY GROSS INCOME
\$		
FORMER EMPLOYER (if current less than 2 years)		

CURRENT EMPLOYER	HIRE DATE	
CURRENT ADDRESS		
WORK PHONE NO.	POSITION	MONTHLY GROSS INCOME
\$		
FORMER EMPLOYER (if current less than 2 years)		

**OTHER INCOME** You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
1.		\$

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
1.		\$

**ASSETS & DEPOSITS** Please check the appropriate box below. INDICATE: **A** - Applicant **OR** **C** - Spouse/Co-Applicant

CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE	CHECK ONE			FINANCIAL INSTITUTION NAME	CURRENT BALANCE
A	C	TYPE			A	C	TYPE		
				\$				\$	
				\$				\$	
AUTO #1 MAKE		MODEL	YEAR	VALUE	AUTO #2 MAKE		MODEL	YEAR	VALUE
				\$					\$
REAL ESTATE TYPE				VALUE	OTHER ASSETS				VALUE
				\$					\$

**CREDIT INFORMATION**

Be sure to list all open accounts with or without a balance. Attach separate sheet if necessary  
**A - APPLICANT C - SPOUSE/CO-APPLICANT D - DEBTS TO BE PAID OFF IF LOAN IS GRANTED**

PLEASE CHECK			LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS
A	C	D				
			RENT OR MORTGAGE			

PLEASE ANSWER THE FOLLOWING QUESTIONS AND INDICATE: <b>A</b> = Applicant <b>C</b> = Spouse/Co-Applicant	<b>A</b>		<b>C</b>			<b>A</b>		<b>C</b>	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have you ever filed a petition for bankruptcy? Date:					6. Have you ever had credit in any other name? What Name?				
2. Have you ever had any auto, or furniture repossessed or property foreclosed upon? Date:					7. Have you any suits pending, judgments filed, alimony or child support awards against you?				
3. Are you a co-borrower or co-signer of any loan or lease? For Whom? Where?					8. Are you on temporary work assignment or internship?				
4. Do you have any past due bills?					9. Are you a U.S. citizen or permanent resident alien?				
5. Is income listed likely to be reduced in the next two years?									

**OPTIONAL CREDIT INSURANCE** – The Credit Union will disclose the cost of voluntary insurance to you. A separate insurance election that discloses the terms and conditions must be signed for coverage to become effective.

You are interested in:  Single Credit Life Insurance  Joint Credit Life Insurance  Single Credit Disability Insurance  Joint Credit Disability Insurance

**SIGNATURES – Are you currently on active military duty?  Yes  No**

You promise that the information stated in this TotalLoan Consumer Loan Application is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about its credit history with you. The Credit Union may also obtain credit reports to update, increase, extend or renew credit with you. False or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. You understand that it is a crime to willfully and deliberately provide incomplete or incorrect information to obtain credit. If you request, you will be provided the name and address of any credit bureau from which we received a credit report. **As security for any loan to you or on your behalf, you grant the Credit Union a Security Interest in all individual and joint share or other accounts you have with the Credit Union now and in the future. When you are in default you authorize the Credit Union to take that money and apply it to what you owe. Shares and deposits that would have an adverse tax consequence if pledged as security are not subject to this Security Interest.** To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant/Co-Signer Date Spouse/Co-Applicant Date

Credit Union Use Only	
Loan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____	Comments:  Loan Officer Signature _____ Date _____
Debt Ratio/Score: Before _____ After _____	
<input type="checkbox"/> ECOA Notice and reason for Rejection sent or delivered on _____	<b>X</b>

**OPTIONAL CREDIT INSURANCE DISCLOSURE**  
*THIS FORM, WHEN SIGNED, BECOMES PART OF YOUR LOAN AGREEMENT WITH THE CREDIT UNION.*

**CHEN-DEL-O FEDERAL CREDIT UNION**  
(The Credit Union)

Credit life and/or credit disability insurance is optional. If you want this insurance, you must complete questions 1 - 3 below. If we approve your application, you must pay the additional cost for the insurance requested.

Each month, the credit life insurance premium is calculated by multiplying the outstanding principal loan balance on the last day of the billing cycle by the Rate per Month Per \$1,000 and then dividing the result by 1,000.

For credit disability insurance, the total of the remaining scheduled payments on the last day of the billing cycle is multiplied by the rate per \$1,000 and the result is divided by 1,000.

Credit Insurance Requested	Rate Per Month Per \$1,000
<input type="checkbox"/> Yes, I want Single Life	\$ 0.55
<input type="checkbox"/> Yes, I want Joint Life	\$ 0.88
<input type="checkbox"/> Yes, I want credit disability – Single Coverage	\$ 2.33
<input type="checkbox"/> I/We Do Not Want Credit Insurance	

If I/we have applied for credit insurance, I/we authorize the Credit Union named above to add the insurance premium to my/our loan account and charge me/us interest on the premium loan at the same rate of interest which applies to the loan account and forward the premium collected from me/us to the Insurance Company. The premium rates are subject to change and you will be given thirty (30) days written notice of any increase in premium.

Creditor: CHEN-DEL-O Federal Credit Union

Proposed Primary Insured: \_\_\_\_\_

Proposed Joint Insured: \_\_\_\_\_

## AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

Home Office: 344 Route 9W, Glenmont, NY 12077

Administrator: Credit Insurance Division, P.O. Box 9007, League City, TX 77574-9007

Toll Free: (800)-899-6502

### DEBTOR AND CO-DEBTOR SHORT FORM HEALTH STATEMENT

-READ AND ANSWER THE FOLLOWING QUESTIONS AS INSTRUCTED-

**NOTE: ALL QUESTIONS MUST BE COMPLETED IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR INSURANCE**

INSTRUCTIONS – For life and disability coverage, answer question 1.

Proposed Debtor

Proposed Co-Debtor

YES NO

YES NO

1 a) Have you, within the past 12 months, been diagnosed or treated by a physician for having any of the following conditions or diseases: Heart Disease, Neurological Disorder, Stroke, Cancer, Tuberculosis, Drug or Alcohol Abuse, Kidney Disease or Disease of the Lungs or Liver?

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b) Have you ever been treated or diagnosed as having: AIDS Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)?

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(Please initial appropriate box)

**IF YOU ANSWER “YES” TO QUESTION 1, YOU DO NOT QUALIFY FOR LIFE AND/OR DISABILITY INSURANCE.**

INSTRUCTION – For disability coverage also answer questions 2 & 3. Do not answer if life only

Proposed Debtor

Proposed Co-Debtor

YES NO

YES NO

2. Have you, within the past 12 months, been diagnosed or treated by a physician for having any of the following conditions or diseases: Back or Neck Disorder, Nervous or Mental Disorder, Chronic Fatigue Syndrome?

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3. Are you currently unemployed or working less than 25 hours per week?

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(Please initial appropriate box)

**IF YOU ANSWERED “YES” TO QUESTIONS 2 OR 3, YOU DO NOT QUALIFY FOR DISABILITY COVERAGE. HOWEVER, IF YOU ANSWERED “NO” TO QUESTION 1, YOU QUALIFY FOR LIFE INSURANCE.**

I represent the information and answers to all questions contained herein are answered truthfully, to the best of my knowledge and belief and understand if found to be untrue may result in no coverage. I agree that these answers be relied upon by the insurance company as the basis for issuing the insurance in connection with my loan. I understand that material misrepresentations will be sufficient grounds for the Company to rescind coverage or deny benefits. I understand that this application shall form a part of the Certificate for which application is made. I declare that my age does not exceed the Maximum Age on the Effective Date as stated in the Schedule above on the Effective Date of Insurance. The Certificate will describe the terms and conditions of my coverage.

“For Disability Insurance Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I acknowledge receipt of a copy of this form.

\_\_\_\_\_  
Debtor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Co-Debtor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth