Loan Application Check List

1.	Account No. :					
2.	Purpose of Loan:					
_						
3.	Amount Needed:					
4.	Repayment:	Mont	hly		Bi-Weekly	
		Weel	kly		Semi-Monthly	
5.	Term of Loan:	6 years		5 years	4 years	
		_ 3 years		2 years	1 year	
c	Incurance on Loon.	Cin	valo Lifo		Cingle Dischility	
о.	Insurance on Loan:	5111	igie Liie		Single Disability	
		Joi	nt Life		Joint Life/Single Disability	
	-	Noi	ne		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

anklin NY 13775-0102	CONSUMER LOP	IN APPLI
829-3560 - 800-462-0320	ACCOUNT NUMBER	DATE

☐ Individual Credit – Yo (AK, AZ, CA, ID, LA, NM, N☐ Joint Credit – If you a Co-Applicant section.	may apply for a separate ac ou must complete the applican NV, P.R., TX, WA, WI); (2) you are applying for a joint accou	t sectio ir spous nt or ar	n abo se will n acco	ut yourself and use the accou ount that you	d the ot int; or (3	her sec 3) you a	tion abou re relying	ut your spouse g on your spou	e if: (1) You live in a use's income as a so	ource of r	epaym	ent.
	al here if you intend to apply fo	JOIN	Jieuii									
Type of Credit Applie					A				_	-	\	
	ard, signature):											
Purpose:												
•	Cash Military Allotment				Payr	nent Fr	equency	/: ∐ Monthly	Other			
☐ P	ayroll Deduction 🗌 Automa	itic Pay	ment		Auth	orized	User Na	me (credit ca	rd only):			
Credit Card. You further und	licants: Please refer to the Impressand that if you are approved agreement provided to you sepa	your us	se or a	llowing the care								
	CO-SIGNER							CO-APPL				
	it or if you live in a community ATED UNMARRIED (Singl				Con	Complete for secured credit or if you live in a community property state.						
APPLICANT NAME	ATED UNMARKIED (Singi	e, Divor	cea, w	ridowed)	☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (Single, Divorced, Widowed) SPOUSE/CO-APPLICANT NAME							
70 TEIO/00TTVWIE					0.0	OOL/OO	711 1 2107114	T TO UNIC				
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH	BIRTH DATE		SOC	SOCIAL SECURITY NO. DRIVE			ER'S LICENSE NO. & STATE		BIRTH DATE	
HOME PHONE NO.	NO. OF DEP.	DOY	_	¬	HOM	E PHONI	E NO.		NO. OF DEP.		YOU:	
MOTHER'S MAIDEN NAME	E-MAIL ADDRESS		WN L	RENT	MOT	LED'S M	AIDEN NAI	ME	RELATIONSHIP TO			RENT
MOTTER 3 MAIDEN NAME	L-WAIL ADDICESS				IVIOT	I ILIX 3 IVI	AIDEN NA	IVIL	KEEATIONOIII 107	AI I LIOAI	•	
CURRENT STREET ADDRESS		APT.	NO.	SINCE	CUR	CURRENT STREET ADDRESS				A	PT. NO.	SINCE
CITY/STATE/ZIP CODE					CITY	/STATE/Z	ZIP CODE					
FORMER STREET ADDRESS (if	current less than 2 years)	YEAR	RS THE	RE	FORMER STREET ADDRESS(if current less than 2 years) YEARS THERE							
CITY/STATE/ZIP					CITY	/STATE/2	ZIP					
PERSONAL REFERENCE 1 (Nar	me and Address)	PHONE N	NO & R	ELATIONSHIP	PFR	SONAL R	EFFRENC	E 1 (Name and A	ddress)	PHONE N	IO & RFI	ATIONSHIP
()	,							,	,			
PERSONAL REFERENCE 2 (Nar	me and Address)	PHONE N	HONE NO. & RELATIONSHIP		PERSONAL REFERENCE 2 (Name and Address)			ddress)	PHONE NO. & RELATIONSHIP			
EMPLOYMENT & INC	OME If you are self-employed, att	ach a fina	ncial st	atement and your	most rec	ent incom	e tax returr	١.				
CURRENT EMPLOYER		HIRE	DATE		CURRENT EMPLOYER HIRE DATE							
CURRENT ADDRESS					CLIB	RENT AD	DDECC					
CORRENT ADDRESS					COR	KENI AL	DRESS					
WORK PHONE NO.	POSITION	MONTHLY	Y GROS	SS INCOME	WOF	K PHON	E NO.	POSITIO	ON	MONTHL	Y GROS	S INCOME
		;			\$							
FORMER EMPLOYER (if current less than 2 years)					FORMER EMPLOYER (if current less than 2 years)							
OTHER INCOME You n	eed not list income from alimony, chile	d support	or sepa	arate maintenance	unless y	ou wish it	considered	d for purposes of o	granting this credit.			
SOURCE OF OTHER INCOME	FREQUENCY			NCOME			OTHER IN		REQUENCY	MONTHL	Y INCO	ИE
1.		\$			1.					\$		
ASSETS & DEPOSIT	S Please check the appropriate box b	elow.	INDIC	ATE: A - Applic	ant OF	C - S _I	oouse/Co-A	Applicant				
CHECK ONE FINANCIAL INSTITUTION NAME CURRENT BALANCE						K ONE C	TYPE	FINANC	CIAL INSTITUTION NAM	E		RENT ANCE
			\$		A		1156			\$	DAL	
			\$							\$		
AUTO #1 MAKE MC	DDEL YEAR	1//1			ΔΙΙΤΟ	#2 MAKE		MODEL	YEAR		LUE	
AUTO #1 MAKE MODEL YEAR VALUE \$				7010	#∠ IVIANE	-	WODEL	IEAN	\$	LUE		
REAL ESTATE TYPE		VAI	LUE		OTHE	RASSET	S			V	LUE	

Be sure to list all open accounts with or without a balance. Attach separate sheet if necessary **CREDIT INFORMATION** C - SPOUSE/CO-APPLICANT D - DEBTS TO BE PAID OFF IF LOAN IS GRANTED PLEASE CHECK MONTHLY LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS ACCOUNT NUMBER **BALANCE** PAYMENTS RENT OR MORTGAGE PLEASE ANSWER THE FOLLOWING QUESTIONS AND С INDICATE: **A** = Applicant **C** = Spouse/Co-Applicant YES NO YES NO YES NO YES NO Have you ever had credit in any other name? Have you ever filed a petition for bankruptcy? 6. What Name? Date: 2. Have you ever had any auto, or furniture repossessed or 7. Have you any suits pending, judgments filed, alimony or property foreclosed upon? child support awards against you? Date: Are you a co-borrower or co-signer of any loan or lease? Are you on temporary work assignment or internship? 3. 8. For Whom? Where? Are you a U.S. citizen or permanent resident alien? 9. 4. Do you have any past due bills? 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 TotaLoan 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 Spouse/Co-Applicant Applicant/Co-Signer Date Date

Credit Union Use Only				
Loan Approved Yes No, reason	Comments:			
Debt Ratio/Score: Before After				
	Loan Officer Signature Date	Э		
☐ ECOA Notice and reason for Rejection sent or delivered on	X			

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	0
Yes, I want Single Life		\$ 0.55	
Yes, I want Joint Life		\$ 0.88	
Yes, I want credit disabili	ty – Single Coverage	\$ 2.33	
☐ I/We Do Not Want Credit	Insurance		
and charge me/us interest on the pre	mium loan at the same rate of interest	ed above to add the insurance premium which applies to the loan account and ubject to change and you will be given to	d forward the premium
Proposed Primary Insured:			
Proposed Joint Insured:			
Ho Administrator: Credi DEI	ome Office: 344 Route 9W, G	ox 9007, League City, TX 775 99-6502 RM HEALTH STATEMENT	
NOTE: ALL QUESTIONS MUST BE	COMPLETED IN ORDER TO DETER	MINE YOUR ELIGIBILITY FOR INSUR	RANCE
INSTRUCTIONS - For life and disab	ility coverage, answer question 1.	Proposed Debtor	Proposed Co-Debtor
having any of the following conditions of Stroke, Cancer, Tuberculosis, Drug or Lungs or Liver?	hs, been diagnosed or treated by a physion diseases: Heart Disease, Neurological Alcohol Abuse, Kidney Disease or Disease on Disease or Disease	Disorder, se of the	YES NO
Acquired Immune Deficiency Syndrom		(Please initial appropriate	e box)
IF YOU ANSWER "YES" TO QUES	TION 1, YOU DO NOT QUALIFY FOR	LIFE AND/OR DISABILITY INSURAN	ICE.
INSTRUCTION – For disability cover	age also answer questions 2 & 3. Do i		D 10 D 11
	s, been diagnosed or treated by a physicia or diseases: Back or Neck Disorder, Nerv frome?		Proposed Co-Debtor YES NO
3. Are you currently unemployed or wo	rking less than 25 hours per week?		
	STIONS 2 OR 3, YOU DO NOT QUALIFY YOU QUALIFY FOR LIFE INSURANCE	(Please initial appropria Y FOR DISABILITY COVERAGE. HOWE	
I represent the information and answers to all be untrue may result in no coverage. I agree my loan. I understand that material misrepi application shall form a part of the Certifica as stated in the Schedule above on the Ef	that these answers be relied upon by the resentations will be sufficient grounds for the for which application is made. I decla	insurance company as the basis for issu r the Company to rescind coverage or d re that my age does not exceed the Ma	ing the insurance in connection with leny benefits. I understand that this aximum Age on the Effective Date
"For Disability Insurance Only: Any person wastatement of claim containing any materially fraudulent insurance act, which is a crime arouch violation.	false information, or conceals for the purpo	ose of misleading, information concerning	any fact material thereto, commits a
I acknowledge receipt of a copy of this form.			
Debtor's Signature	Date	Date of Birth	
Co-Debtor's Signature		Date of Birth	

Credit Union Copy

1/17

ANMOBCEOE-APHQ (NY)