



UNITED NEIGHBORS Federal Credit Union

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Ph. (315) 782-6476 Fax (315) 782-6930

CREDIT APPLICATION AND HISTORY

Applicant Account No.	Loan / Note No. (if applicable)
Credit Limits (if applicable)	
Initial Credit Advance	Term of Loan (if applicable)
Periodic Payment \$	First Payment Date
Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	

CREDIT REQUEST

Requested Amount \$ _____ Repayment Period _____

The purpose of the loan is _____

TYPE OF CREDIT ACCOUNT REQUESTED (check all that apply)

- Fixed Term Open-End Overdraft Other (describe) _____
- Individual Joint

Security Offered (if any): _____

Owned by: _____

INFORMATION ABOUT YOU

Please type or print in dark ink

Full Name	Birth Date	Social Security No.	Driver's License No.
Principal Residence		<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at this Address
City	State	Zip Code	Telephone ()
Number of Dependents (excluding self)	Ages of Dependents	Mother's Maiden Name	E-mail Address (optional)

If you have lived at the above address less than two years, where did you live before?

Street Address	<input type="checkbox"/> Own <input type="checkbox"/> Live with Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other	Years at this Address
City	State	Zip Code

Marital Status (Do not complete if you are applying for individual credit)

- Married Separated Other (including single, divorced, or widowed)

INFORMATION ABOUT YOUR EMPLOYER

Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone ()
Position / Title	Department	Name of Supervisor	Payroll No.

If you have worked for your present employer less than two years, where did you work before?

Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Address	Years with this Employer
City	State	Zip Code	Telephone ()
Position / Title	Department	Name of Supervisor	

INFORMATION ABOUT YOUR INCOME

Wages / Salary

Payroll Frequency

\$ _____ Per _____ Gross Take Home* * If take-home pay is disclosed. include all payroll deductions. Hours Worked _____ Per Week _____

Monthly Bi-Weekly
 Semi-Monthly Weekly

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 obligation.

Other Income: \$ _____ Per _____ Source _____

\$ _____ Per _____ Source _____

If alimony, child support, or separate maintenance income is disclosed as "Other Income", are payments being received under Court Order Written Agreement, or Oral Understanding?

Is any income listed in this entire section likely to be reduced in the next two years? Yes No If "Yes", explain: _____

REFERENCES

Nearest Relative Not Living with You Name and Relationship	Street Address	City	State	Zip Code	Telephone ()
Friend (not a relative) Name	Street Address	City	State	Zip Code	Telephone ()

INFORMATION ABOUT YOUR DEBTS (List all debts, including credit union loans. Continue on a separate sheet, if necessary.)

TYPE OF DEBT	CREDITOR	ACCOUNT NUMBER	ORIGINAL AMOUNT OR CREDIT LIMIT	CURRENT BALANCE	MONTHLY PAYMENT
Mortgage/Rent					
Second Mortgage/Home Equity					
Property Taxes (if paid separately)					
Line-of-Credit					
Automobile					
Automobile					
Credit Card					
Credit Card					
Credit Card					
Other					
Other					

Are you a co-maker, endorser, or guarantor on any debt obligation not listed above? Yes No If "Yes", provide debtor's name, current loan balance, and other details (including name and address of any creditors):

Are there any unsatisfied judgements, garnishments, or lawsuits pending against you? Yes No If "Yes", provide dollar amount and details:

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

Have you ever been granted credit in another name? Yes No If "Yes", what was that name and where was the credit granted:

Are you presently liable for any alimony, child support, or separate maintenance payments? Yes No If "Yes", what is the amount and frequency of those payments:

Have you been denied credit in the last six months? Yes No

GROUP INSURANCE

Group credit insurance is voluntary and not a requirement of any loan agreement you have with the Credit Union.

To be eligible for Group Credit Life and/or Disability Insurance, you must be less than 70 years old. If you loan has a fixed repayment period, it 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 week. As part of the enrollment process, you may be asked to satisfactorily complete a Statement of Insurability.

Assuming your application for credit is approved and you are eligible for insurance, the Credit Union will disclose its cost to you. You will also be asked to sign the appropriate request for coverage form.

Indicate which credit insurance option(s) you desire:

Joint Credit Line Insurance Single Credit Line Insurance Single Credit Disability Insurance No Credit Insurance

PAYROLL DEDUCTIONS AND AUTOMATIC TRANSFER PRIVILEGES

In many instances, loan obligations can be repaid through **voluntary** payroll deduction made available to the Credit Union by your employer or by the automatic transfer of funds from a share account. The Credit Union will tell you if your loan can be repaid in these manners. Assuming it can be, check the appropriate box below:

I want voluntary payroll deduction. I authorize transfer of my loan payment(s) from Account No.: I do not want voluntary payroll deduction.

REPRESENTATIONS AND AUTHORIZATIONS

You represent everything stated in this application is correct to the best of your knowledge. You further represent you have provided complete listing of all your debts and obligations.

You authorize the Credit Union to investigate your credit record, verify your employment and income information, and answer questions regarding your credit history. You also authorize the Credit Union to obtain credit reports in connections with this application and for any update, renewal or extension of the credit received. If you request it, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. See the Credit Union's Privacy Policy to determine what information the Credit Union may share about you.

With your authorization, the Credit Union will accept your facsimile or electronic signature as described in the "Facsimile/Electronic Signatures" section of the Credit Access Plan Agreement.

Check as applicable: You do do not authorize the Credit Union to accept your facsimile and/or electronic signature.

It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the National Credit Union Administration.

X _____
 Applicant's Signature Date Witness (if requested by Credit Union) Date

We intend to apply for joint credit. Applicant Initials _____ Joint Applicant Initials _____

CREDIT UNIONS USE ONLY

LOAN OFFICER

Approved Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below. _____
 Loan Officer Signature Date

Denied Referred to Credit Committee _____
 Loan Officer Signature Date

Reason for denial or other comments:

ECOA Notice and reason for denial sent or delivered by: _____
 Credit Union Representative Date