

LOAN APPLICATION - PERSONAL AND CREDIT INFORMATION

MARYLAND POSTAL FCU

16501 Shady Grove Road
Gaithersburg, MD 20898-9202

Phone (301) 519-9780 Fax (301) 519-9843

NOTICE: Fill in the shaded portion concerning cosigner only if:

- Both you and your spouse will be signing for the loan, thus making you equally liable for payment, or
- You are relying on income, alimony, child support, or maintenance payments from a spouse or former spouse as a basis for repayment of the credit requested.

DATE		SOCIAL SECURITY NUMBER		ACCOUNT NUMBER					
USE OF TITLE IS OPTIONAL r Mr. r Mrs. r Miss r Ms		FIRST NAME		MIDDLE INITIAL		LAST NAME		AGE	BIRTHDAY
CURRENT RESIDENCE ADDRESS				CITY	STATE	ZIP CODE	YEARS THERE	HOME TELEPHONE	
LAST PREVIOUS ADDRESS				CITY	STATE	ZIP CODE	YEARS THERE	DRIVER'S LICENSE # / STATE	
EMPLOYED BY		SERVICE	SUPERVISOR	EMPLOYED YRS. MOS.		POSITION/GRADE/ STEP	ANN. INCOME - <u>PAYSTUB REQ.</u> \$		
COMPLETE BUSINESS ADDRESS				CIVIL SERVICE STATUS: r CAREER r TEMP r OTHER (SPECIFY)		TOTAL FEDERAL SERVICE: YRS. MOS.	TELEPHONE AT WORK		
YOU ARE NOT REQUIRED TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENT. IF YOU CHOOSE TO DISCLOSE SUCH INCOME, IS ANY SUCH INCOME STATED IN THIS APPLICATION DERIVED FROM SUCH A SOURCE? r YES r NO								ANNUAL INCOME \$	
OTHER INCOME EXCLUDING CHILD SUPPORT, ALIMONY, OR MAINTENANCE SOURCE								ANNUAL INCOME \$	
PREVIOUS EMPLOYER		ADDRESS		TELEPHONE	SUPERVISOR	POSITION/GRADE/ STEP	YEARS THERE	ANNUAL INCOME \$	
Do not check box unless credit requested is secured or joint with someone else- INCLUDE PAYSTUB r MARRIED r SEPARATED r UNMARRIED		NUMBER OF DEPENDENTS	COSIGNER'S SOCIAL SECURITY NUMBER		BIRTH DATE		COSIGNER'S FULL NAME		
COSIGNER'S EMPLOYER		ADDRESS		TELEPHONE	SUPERVISOR	POSITION/GRADE/ STEP	YEARS THER	ANN. INCOME - PAYSTUB REQ \$	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				COMPLETE ADDRESS			RELATIONSHIP	TELEPHONE	
HOME r RENT r OWN	DATE PURCHASED	MARKET VALUE	MONTHLY UTILITIES	HOME FINANCED BY OR LANDLORD'S NAME			MONTHLY MORTGAGE OR RENT		
MAKE OF AUTO/VEHICLE		YEAR	IF FINANCED, BY WHOM			BALANCE OWING	MONTHLY PAYMENTS \$		
MAKE OF AUTO/VEHICLE		YEAR	IF FINANCED, BY WHOME			BALANCE OWING	MONTHLY PAYMENTS \$		
SHARE DRAFT OR CHECKING ACCOUNT		ACCOUNT NUMBER			LOCATION				
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ARE YOU A COMAKER ON ANY OTHER LOANS? r YES r NO	IF SO, FOR WHOM?	IF SO, TO WHOM?	IF SO, HOW MUCH?	HAVE YOU EVER TAKEN BANKRUPTCY? r YES r NO HAVE YOU ANY LEGAL PROCEEDINGS AGAINST YOU? r YES r NO					
STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES (This Section Must Be Answered - Attach Additional Listing If Necessary)									
CREDITOR NAME	ACCOUNT NAME	NAME IN WHICH ACCOUNT CARRIED		SECURITY	BALANCE DUE	<input type="checkbox"/>	MONTHLY PAYMENT		
							TO BE PAID WITH THIS LOAN		
		CU #		MONTHS					
		CU #		MONTHS					
		MORTGAGE OR RENT							

I PRESENT THIS APPLICATION TRULY AND CORRECTLY STATED TO THE BEST OF MY KNOWLEDGE AND FOR THE PURPOSE OF OBTAINING CREDIT FROM THE CREDIT UNION. I HAVE NO OTHER DEBTS.

+ APPLICANT SIGNATURE: _____



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ACCOUNT NUMBER

88000_ _ _ _

Application for Loan Proof of income required for all applicants

I hereby apply for a loan of \$ _____ for _____ Months

Loan Balance \$ _____

Total \$ _____

I DESIRE TO REPAY THIS LOAN WITH A BI-WEEKLY PAYROLL ALLOTMENT CREDITED TO MY SHARE ACCOUNT WITH YOU. I FURTHER REQUEST THAT MY LOAN PAYMENTS BE DEDUCTED THROUGH AUTOMATIC TRANSFER FROM THAT ACCOUNT. I UNDERSTAND THAT PAYROLL DEDUCTION IS VOLUNTARY AND IS NOT A REQUIREMENT TO OBTAIN THIS LOAN.

THE PURPOSE OF THIS LOAN IS (EXPLAIN FULLY) _____

CO-MAKERS OR SECURITY OFFERED _____

The Federal Credit Act makes it a crime for anyone to knowingly make a false statement to a Federal Credit Union on an application for a loan. I hereby certify that all statements made hereon are true and complete and are submitted for the purpose of obtaining credit, and I expressly authorize any person, association, firm corporation, or personnel office requested by this Credit Union to furnish information concerning me or my affairs.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE INCLUDING THOSE ON THE REVERSE SIDE HEREOF ARE TRUE AND COMPLETE AND SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT.

Auto to be titled in the name of: _____

Vehicle Information	
Make & Model _____	
Type: 2dr 4dr Coupe Truck	
Year _____ New Used	
VIN# _____	
Seller _____	
Salesperson _____	
Telephone # _____	
Insurance Co & # _____	
Telephone _____ Agent _____	
Verified by _____, 20 _____	

DATE _____ + APPLICANT SIGNATURE _____

FOR CREDIT UNION USE ONLY		FOR CREDIT UNION USE ONLY		
Last CBI Report _____, 20 _____	Debt Ratio _____ %	By _____		
Name(s) _____				
Liens - Collections - Judgments - R'3s - Etc.				
Date	Name of Creditor	Rating	Balance	Past Due Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT COMMITTEE OR LOAN OFFICER ACTION

Information below, including appropriate signature(s), is to be filled in by either the credit committee or loan officer, depending upon who acts upon this application. On _____, 20 _____, (I)(We) approved a loan in the amount and on the conditions requested by the above applicant, except as follows (list any changes in amount, terms, or conditions): _____

APPROVED by Credit Committee:

_____	_____	Approved by LOAN OFFICER
_____	_____	
_____	_____	

DISAPPROVED by Credit Committee:

REASON: _____