

# LOCAL 229 IBEW FEDERAL CREDIT UNION LOAN APPLICATION

Share Balance \_\_\_\_\_  
 Loan Balance \_\_\_\_\_  
 Loan Status \_\_\_\_\_

Account No \_\_\_\_\_  
 Social Security No \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for a loan of \$ \_\_\_\_\_ for a period of \_\_\_\_\_ months. I desire this loan for the following purpose (explain fully) \_\_\_\_\_

**Please circle yes or no for the following:**

Deduct loan payment from your share account each month	Yes or No	\$10 pay bk
Credit Disability* (covers payment if you are off work due to accident or illness)	Yes or No	
Life Insurance Protection* (pays loan off in full if borrower dies)	Yes or No	
Life Insurance Protection* (on borrower and co-maker)	Yes or No	
GAP Insurance for vehicles	Yes or No	\$350 per vehicle
MBP* (mechanical breakdown protection)	Yes or No	

\*Insurance amount is paid by the Credit Union and added to the amount borrowed. Insurance costs vary depending on amount borrowed and age of applicant MBP Insurance varies depending on year, make & model of vehicle.

Co-maker's name (please print) or security offered (ex: vehicle title) \_\_\_\_\_  
 Co-maker must fill out the information on the back of the application.

I hereby certify that all statements made are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Approved / Rejected by Credit Committee**

Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant's Statement:** This area must be completed or we cannot process the loan application. I am indebted to the following creditors (List all debts such as doctor bills, installments loans, real estate mortgages, etc.)

Creditor	Monthly Payment	Balance
Home: _____	\$ _____	\$ _____
Auto: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Employed by: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_  
 Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hourly pay rate) **Attach proof of income. Example: Recent pay stub, W2, etc.**  
 Any additional income: \_\_\_\_\_ (ex: rent income, etc.) Business Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Dependents: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mortgage: \$ \_\_\_\_\_ per month Rent: \$ \_\_\_\_\_ per month

I agree to the terms below:

1. A loan fee of \$25 will be charged if a member applies for a loan and then the member:
  - a. Cancels the loan after the loan has been approved or if the loan is rejected
  - b. Does not come in within 10 days to finalize the loan after the loan documents are completed.
2. The loan fee of \$25 will be:
  - a. Deducted from the member's share account (if the balance is sufficient)
  - b. Charged to the member and must be paid within 10 days.

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Date

**Co-maker's Statement:** This area must be completed or we cannot process the loan application. I am indebted to the following creditors (List all debts such as doctor bills, installments loans, real estate mortgages, etc.)

Name \_\_\_\_\_ Social Security No \_\_\_\_\_

Creditor	Monthly Payment	Balance
Home _____	\$ _____	\$ _____
Auto _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ (hourly pay rate) **Attach proof of income. Example: Recent pay stub, W2, etc.**

Any additional income: \_\_\_\_\_ (ex: rent income, etc.) Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dependents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_ per month Rent: \$ \_\_\_\_\_ per month

I certify that the above statements are true and complete.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-maker \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The following must be read and signed only if the loan has a co-maker:**

By signing below, each of the following applicants certifies that he or she is applying for joint credit in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADDITIONAL LOAN CHARGES: \$10.00 PAYMENT BOOK \$10.00 PER VEHICLE FOR ELECTRONIC TITLE  
\$350.00 PER VEHICLE FOR GAP INSURANCE \$75.00 LIEN HOLDER CHANGE\*

\*May be changed at any time by Pennsylvania Department of Transportation

**If loan is for a vehicle, please list as much information below as you can, including VIN, coupe or sedan, front wheel drive, all wheel drive, 4 x 4, crew cab, extended cab, LT, SLT, etc. If purchase is from a dealer, please have the dealer fax the information to 717-845-6058.**

**PLEASE ATTACH PROOF OF INCOME FOR APPLICANT AND CO-MAKER.**