## **DIRECTIONS FOR APPLICATION**

Please include \$15.00 for each applicant when this loan application is submitted. The \$15.00 fee is charged for credit check and processing on each applicant for each new loan submitted (\$500.00 minimum). A credit check is required for all co-makers as well.

Please provide proof of income (last two pay stubs, W2, or Federal Form 1040) for all gross income

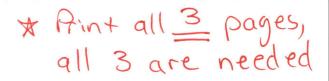
Loan application check list:

- \*PRINT ALL three (3) PAGES of the application
- \*Two (2) of the three (3) pages need to be signed by applicant
- \*Both of those pages need to be signed by co-maker/co-signer
- \*\$15.00 for applicant
- \*\$15.00 for co-maker/co-signer
- \*Proof of income applicant
- \*Proof of income co-maker/co-signer

If the loan fee is not submitted with this application, by signing this application you authorize The Solon/Chagrin Falls FCU to deduct the loan fee (as stated above) from your shares.



Solon/Chagrin Falls Federal Credit Union 33600 Inwood Road Solon, OH 44139



## Loan Application

Credit Union Account #:	SOC. SEC. #:		
Applicant name:	Cell/Home Phone: ( )		
Address:	Work Phone: ( )		
	Birth Date:/		
I hereby apply for a loan of \$	for a period of months to be repaid Semi-Monthly Monthly		
Loan Request: please circle one: *New Vehicle *Revolving *Tuit	Used Vehicle *Vacation * Holiday tion *Signature *Share Back		
Collateral Offered:			
INCOME: I hereby affirm & represent that my total indebtedner & liability on this date as listed does not exceed \$	Parents or nearest relative (NOT spouse):  Name: Relationship: Address:		
Previous employer:	/month on if you		
MORTGAGE PAYMENT / MONTH: \$Bank References (Checking & Savings):			
If yes: Name:			

PLEASE CONTINUE ON THE REVERSE SIDE!



sign above.)

## **CO-MAKER'S STATEMENT**

This statement should be completed after the applicant's statement and should be filled out **only** if another person in addition to the applicant will be obliged to repay the loan.

Name of Co-Maker: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. #:

	Date of Birth: Soc. Sec. #: Relationship to Applicant: Employer:	
Number of Dependents (Exclude Sel	f):Address:	
Date Employed: Positio Other Personal Income (do not inclu	n: Weekly/Monthly Salary \$ _ ide alimony or child support): \$	
Are you a Co-Maker on any other los	ans?YESNO If YES, Describe below:	
Real Estate owned at reasonable ma Current Total Indebtedness & Liabil	rket value: \$ Current Total Assets: lities: Total Monthly Payments	S:
References:		
I HEREBY AFFIRM AND REPRESENT POSITION.	THAT THE ABOVE ACCURATELY PORTRAYS MY FINANCE	IAL
SIGNATURE OF CO_MAKER:	DATE:	
*********	*****************	******
NOTICE:		
I hereby certify that everything I h	ave stated in this application is correct to the best of my knowledge. I	
you will retain this application whether or no answer questions about your credit experience I hereby authorize the Credit Union employed by such Credit Union, to investigat other source whatsoever pertaining to my cred "The Ohio laws against discrimin	at it is approved. You are authorized to check my credit and employment with me.  In to whom this application is made, or any Credit Bureau or other inverse the references herein listed or statements or other data obtained from the dit and financial responsibility.  In the statement of the stat	nt history and estigative age n me or from Il credit won
you will retain this application whether or not answer questions about your credit experience.  I hereby authorize the Credit Union employed by such Credit Union, to investigat other source whatsoever pertaining to my cree.  "The Ohio laws against discrimin customers, and that credit reporting agencies."	at it is approved. You are authorized to check my credit and employment with me.  In to whom this application is made, or any Credit Bureau or other inverse the references herein listed or statements or other data obtained from the dit and financial responsibility.  In the statement of the stat	nt history and estigative age n me or from ll credit wor
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you will retain this application whether or not answer questions about your credit experience. I hereby authorize the Credit Union employed by such Credit Union, to investigat other source whatsoever pertaining to my cree. "The Ohio laws against discrimin customers, and that credit reporting agencie Rights Commission administers compliance was SIGNATURE OF APPLICANT:  Information below, including appropriate sign who acts upon this application.  On	at it is approved. You are authorized to check my credit and employment with me.  In to whom this application is made, or any Credit Bureau or other investe the references herein listed or statements or other data obtained from the dit and financial responsibility.  ation require that all creditors make credit equally available to a semaintain separate credit histories on each individual upon request. With this law."  DATE:	estigative age in me or from  Il credit won The Ohio C



I (we) am (are) indebted to the following creditors (list all debts such as doctor bills, auto loans, repairs, school loans, lay-a-way plans, installment loans, etc.)

Mark "X" for Joint Account with Spouse	To Whom Owed	Account Number	Original Amount of Loan	Minimum Monthly Payment	Current Balance
2 /					
					1
				=	

Information for Spouse (Joint Loan Only)

Mark "X" for Joint Account with Spouse	To Whom Owed	Account Number	Original Amount of Loan	Minimum Monthly Payment	Current Balance



(	
Signature of Applicant	Date
(	
Signature of Spouse (Joint Loan Only)	Date