

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

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. #: _____

Address: _____ Relationship to Applicant: _____

Employer: _____

Number of Dependents (Exclude Self): _____ Address: _____

Date Employed: _____ Position: _____ Weekly/Monthly Salary \$ _____

Other Personal Income (do not include alimony or child support): \$ _____

Are you a Co-Maker on any other loans? ☐ YES ☐ NO If YES, Describe below: _____

Real Estate owned at reasonable market value: \$ _____ Current Total Assets: _____

Current Total Indebtedness & Liabilities: _____ Total Monthly Payments: _____

References: _____

I HEREBY AFFIRM AND REPRESENT THAT THE ABOVE ACCURATELY PORTRAYS MY FINANCIAL POSITION.

SIGNATURE OF CO-MAKER: _____

DATE: _____

NOTICE:

I hereby certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

I hereby authorize the Credit Union to whom this application is made, or any Credit Bureau or other investigative agency employed by such Credit Union, to investigate the references herein listed or statements or other data obtained from me or from any other source whatsoever pertaining to my credit and financial responsibility.

"The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law."

SIGNATURE OF APPLICANT: _____

DATE: _____

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

(All committee members shown as present in the minutes of the meeting at which this application was approved must sign above.)



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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

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

X _____
Signature of Applicant Date

X _____
Signature of Spouse (Joint Loan Only) Date