



Thank you for thinking of the Clarence Community & Schools Federal Credit Union for your financial needs. Please print this application, complete and return to the credit union at 9145 Sheridan Drive, P.O. Box 657, Clarence, NY 14031 with your supporting documents. You may also fax it to (716)633-2407 or scan and e-mail it to tdickinson@ccsfcu.com. Please call us at (716)630-0888 if you have any questions.

Loan Application

I am applying for a loan in the amount of \$ _____ to be repaid in _____ months.
The purpose of this loan is: _____

Best Contact Phone #: _____

E-Mail Address: _____

Payment Arrangements: _____

PAYMENT PROTECTION: if you answer "yes," then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

- I am not interested in payment protection insurance.
 Single Credit Life Insurance (first named borrower)
 Joint Credit Life Insurance
 Single Credit Disability Insurance (first named borrower)

GAP INSURANCE: This insurance covers the GAP or difference between the insurance settlement and loan balance if your vehicle suffers a total loss. A separate insurance form which discloses the conditions must be signed before coverage is effective.

- YES! I am interested in purchasing GAP coverage.
 NO, I am not interested in purchasing GAP coverage.

CREDIT UNION USE ONLY

Applicant's Account #		Loan Note #	
New Loan Amount		Current Loan Balance	GAP Ins. Premium
Total Loan Amount		Periodic Payment	First Payment Date
Credit Score	Rate	VOI Received?	NADA Value:

If you are applying for an automobile loan, please provide your automobile insurance information:

Insurance Company: _____

Insurance Agent: _____

Phone: _____ Fax: _____

AUTOMOBILE INFORMATION: (if applicable)

Year: _____ Make: _____ Model: _____

Vin #: _____

Loan Officer's Notes:

Information About You Please type or print in dark ink

Full Name				Date of Birth	Social Security Number		Driver's License State/Number		
Street Address				City	State	Zip Code	Own <input type="checkbox"/>	Live with Parents <input type="checkbox"/>	
							Rent <input type="checkbox"/>	Other: <input type="checkbox"/>	
Yrs at this Address	Home Phone #	Cell Phone #	Number of Dependents (excluding self)			Ages of Dependents			
Previous Address (if you have lived at the above address less than two years, where did you live before?)									
Street Address				City	State	Zip Code	Yrs there	Own <input type="checkbox"/>	Live with Parents <input type="checkbox"/>
								Rent <input type="checkbox"/>	Other: <input type="checkbox"/>

Current Employer					
Employer	Street Address		City	State	Zip Code
Position/Title	Name of Supervisor		Self Employed?	Years There	
2nd Employer (if applicable)					
Employer	Street Address		City	State	Zip Code
Position/Title	Name of Supervisor		Self Employed?	Years There	
Previous Employer (if you have worked for your present employer less than two years, where did you work before?)					
Employer	Street Address		City	State	Zip Code
Position/Title	Name of Supervisor		Self Employed?	Years There	

Income* *Please submit a copy of your 2 most recent pay stubs with this application.

Wages/Salary \$ _____ Per _____

Gross Hours Worked Per Week: _____ Weekly
 Take Home Bi-Weekly
~ If take home pay is disclosed, please include all payroll deductions. Monthly

Note: _____ 12 Month Employee Seasonal Employee

Additional Income:

\$ _____ Per _____ Source: _____
\$ _____ Per _____ Source: _____

NOTICE: Alimony, child support or separate maintenance income need not be revealed, if you do not choose to have it considered.

Real Estate Owned					
Type of Property	Street Address	City & State	Date Acquired	Purchase Price	Market Value
<input type="checkbox"/> Primary Residence					
<input type="checkbox"/> Rental Property					

Reference: Nearest Relative Not Living With You

Name and Relationship	Street Address	City	State	Zip Code	Telephone Number

Information About Your Debts (You must list all debts, including credit union loans. Attach a separate sheet if necessary.)

Loan or Debt	Creditor	Account Number	Original Amount Credit Limit	Current Balance	Mo. Payment
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent					
Second Mtg./ Home Equity					
Automobile					
Automobile					
Alimony, etc...					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					
Other					

Other Information About You (If you answer "Yes," to any questions other than #1, please explain on a separate sheet and attach.)

Declarations
 If you answer "Yes" to any questions b through g, please use space below or attach a separate sheet for explanation.

	Yes	No
a. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?	<input type="checkbox"/>	<input type="checkbox"/>
b. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
c. HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?	<input type="checkbox"/>	<input type="checkbox"/>
d. HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
e. ARE YOU A PARTY IN A LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>
f. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
g. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR FOR ANYONE?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, for Whom? _____ To Whom? _____

Explanations: Please use this space to further explain any questions on the application.

Representations and Authorizations

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. **YOU UNDERSTAND 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.**

Please mark with an "X" when complete (if applicable)

Please submit your two most recent paystubs or last year's W-2 with this application.

If you are applying for an automobile loan, please submit a copy of your insurance card listing your insurance company, insurance agent and insurance agent's phone number.

Applicant's Signature

Date

Credit Union Use Only

Approved Denied Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below:

Supply an Acceptable Co-signer

Other: _____

Loan Officer's Signature

Date

Loan Officer's Signature (if applicable)

Date