



Clarence Community & Schools FCU
 9145 Sheridan Drive
 Clarence, NY 14031
 Phone: (716) 630-0888 www.ccsfcu.com

CREDIT UNION USE ONLY

Revised 10/19/2020

Applicant's Account #		Co-Applicant Account #		Loan Note #
New Loan Amount		Current Loan Balance	GAP Ins.	Total Loan Amount
Credit Score	Rate	Monthly Payment	1st Payment Date	

Loan Application

NMLS INSTITUTION #407864

Mortgage Originators:

Cheree E. Caprio MLO#2019454 Rebecca L. Smith MLO#2019456

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

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 Not at this time I would like more information

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.

If you are applying for an automobile loan, please complete below:

- 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)

Year _____ Make: _____ Model _____
 VIN# _____
 Insurance Company: _____
 Insurance Agent: _____
 Phone: _____ Fax: _____

NOTICE OF INTENT: If this is an application for joint credit, Applicant and Co-Applicant each agree and acknowledge the intent to apply for joint credit:

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Applicant	Co-Applicant	Spouse	Guarantor	Other
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Full Name				Full Name			
Social Security Number		Date of Birth		Social Security Number:		Date of Birth	
Home Phone:	Cell Phone:	Drivers License State/Number		Home Phone:	Cell Phone:	Drivers License State/Number	
Street Address				Street Address			
City		State	Zip	City		State	Zip
Yrs at Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other	Ages of Dependents	Yrs at Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other	Ages of Dependents
Previous Address (If you have lived at the above address less than two years)				Previous Address (If you have lived at the above address less than two years)			
City		State	Zip	City		State	Zip

Current Employer	Years Employed	Current Employer	Years Employed
Position/Title	Self Employed?	Position/Title	Self Employed?
2nd Employer (if applicable)	Years Employed	2nd Employer (if applicable)	Years Employed
Position/Title	Self Employed?	Position/Title	Self Employed?
Previous Employer (if your present employer is less than 2 years)	Years Employed	Previous Employer (if your present employer is less than 2 years)	Years Employed
Position/Title	Self Employed?	Position/Title	Self Employed?

Wages/Salary (Please submit a copy of your most recent pay stub with this application)

\$ _____ Per _____ Gross Take Home

Note: _____

Additional Income:

\$ _____ Per _____ Source: _____

\$ _____ Per _____ Source: _____

Wages/Salary (Please submit a copy of your most recent pay stub with this application)

\$ _____ Per _____ Gross Take Home

Note: _____

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.

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Reference: Name of nearest relative not living with you			Reference: Name of nearest relative not living with you		
Relationship	Phone Number		Relationship	Phone Number	
Street Address			Street Address		
City	State	Zip	City	State	Zip

Real Estate Owned:				Real Estate Owned:			
<input type="checkbox"/>	Primary Residence	<input type="checkbox"/>	Rental Property	<input type="checkbox"/>	Primary Residence	<input type="checkbox"/>	Rental Property
Street Address				Street Address			
City	State	Purchase Price	Current Market Value	City	State	Purchase Price	Current Market Value

Information About Your Debts: Attach additional sheet(s) if necessary				Information About Your Debts: Attach additional sheet(s) if necessary			
Type of Debt	Creditor	Balance	Monthly Pmt	Type of Debt	Creditor	Balance	Monthly Pmt
<input type="checkbox"/> Mortgage				<input type="checkbox"/> Mortgage			
<input type="checkbox"/> Rent				<input type="checkbox"/> Rent			
Annual Property taxes & Insurance if not included in mortgage payment:				Annual Property Taxes & Insurance if not included in mortgage payment:			
Child Care:				Child Care:			

Declarations	Borrower		Co-Borrower	
	Yes	No	Yes	No
a. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?				
b. HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?				
c. HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS?				
d. ARE YOU A PARTY IN A LAWSUIT?				
e. DO YOU HAVE ANY OUTSTANDING JUDGEMENTS?				
f. IS ANY INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?				
g. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY OTHER DEBT NOT LISTED ABOVE?				
<i>If YES, for Whom?</i>			<i>To Whom?</i>	

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. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. 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 paystub 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

Co-Applicant's Signature

Date

Explanations: Please use this space to further explain any areas of the application. Attach additional sheet(s) if necessary.

CREDIT UNION USE ONLY

Approved Counter-Offer to be made. Application will be approved if applicant accepts all conditions set forth below

Denied Supply an Acceptable Co-signer

Other: _____

Loan Officer's Signature

Date

Loan Officer's Signature (if applicable)

Date