# Valley Wide of PA FCU

209 East Fifth Ave, Suite B TARENTUM, PA 15084

FAX: (724) 226-2127

Email: yourcu@gmail.com Web: www.creditunions.cc/valley

PHONE: (724) 226-1664

### **LOAN INSTRUCTIONS**

- 1. Complete (at a minimum) ALL check-marked items on ALL forms.
- 2. Complete the APPLICATION FOR LOAN in detail on both sides.
- 3. If applicable, sign DISCLOSURE STATEMENT where indicated. Your Signature/or co-signer signature must be NOTARIZED.
- 4. FAILURE TO COMPLETE ANY ITEM ON THESE FORMS WILL RESULT IN DELAY OR A REFUSAL TO GRANT THE LOAN.

The regular minimum monthly loan renayment will be-

٥.	Total monthly savings (including Christmas Club,
	IRA, other accounts, if pertaining)
	TOTAL MONTHLY DEDUCTION
6.	Please return all forms included in this packet to the above address.
EN	CLOSE THE FOLLOWING WITH THIS PACKET:
	Copy of W-2 Tax Return and current copy of paycheck stub for verification of income. (if co-signed loan, also enclose income verification).
	Vehicle insurance, Carrier, Address, and Phone Number
	Credit Authorization Form
•	(sign & check to authorize \$10 dollar credit report fee from member shares)  OR
	Check to Valley Wide of PA FCU in the amount of \$10 dollars for credit report fee
	Sales Agreement.
	AutoCheck Fee. (Required on All Used Vehicles) \$19.99 per vehicle.
	Other:

VWP FCU Rev. 07-31-12

Share Balance:	
Loan Balance:	
Loan Status:	

## Valley Wide of PA FCU Fax (724) 226-2127

Account #	
Note #	

# LOAN APPLICATION Date: \_\_\_/\_\_/\_\_

$\rightarrow$						
Name of Applicant			Street		State	1
DOB:/					) - ) -	_ <del>-</del>
I hereby apply for a						weekly
Installments of \$ each including inter				rest 🗌 OR p	olus interest.	monthly
I prefer the first pays following purpose.						sire this loan for the
Check if you wish to	purchase	CREDIT	LIFE Insur	ance and/or C	CREDIT DISABII	ITY Insurance
Collateral Offered:	Other 🗌 (a	lescribe): _				
Collateral Owner(s):						
Are you relying on i	ncome from	m another	person to r	repay this loan?	Yes□ No□	If yes, enter:
Name (print)	S	Street		City	State	Zip
I am indebted to the following creditors: (List all debts, such as doctor bills, real estate, automobiles, repairs, furniture, installments, loans, etc. Attach additional sheet if necessary): Indicate with an "X" those obligations you will pay with the proceeds of the loan.			You need not disclose the following sources of income; but if you want the credit union to consider such income in connection with this loan application, please complete the following:  Alimony: \$ Child Support: \$ Separate Maintenance Payments: \$			
To Whom Owed (Name/Address)	Original   Amount	Monthly   Payment		Person Liable:		
(Ivalie/Tradicss)	/ Amount	ayment				
		<u> </u>				
	 	 	<u>                                     </u>			
	 	 	 			ion:
				_		or separate maintenance
I hereby affirm and represent that my total indebtedness & liabilities on this date are listed above and do not exceed \$  Number of dependents (exclude self):  Are you liable for alimony, child support, or separate				Are all payments	up to date? Yes	
				Complete the	following ONLY ioperty state (AZ, G	f you reside in a CA, ID, LA, NM, NV,
maintenance payments: Yes No No If yes, \$/Monthly.			Married: □	Separated: □	Unmarried: □	

#### LOAN APPLICATION

Employer:		Previous Employer:		
Address:		Length of Service:		
		Other personal income: (Do NOT include alimony, child support, or separate maintenance payments):		
Office Phone & Ext:		\$ monthly	. Source:	
Date Employed:/ Clock/Payroll	#	\$ monthly	Source:	
Position:		\$ monthly	. Source:	
Salary (Weekly or Monthly):		\$ monthly	. Source:	
**********	*****	******	*********	
Auto(s) Owned: Driver Li	cense #		State:	
Make:	Model:		Year:	
Vin# Ins Carrier		Phone#		
Make: Model:		Year:		
Vin#	Ins Carrier:	r: Phone#		
Real Estate Owned (at reasonable mark	et value):			
Location:				
Name of Landlord:		Mo	onthly Rent \$	
List ALL addresses for the past five ye  1. 2. 3.  Parent or nearest relative:				
(Name)		(Rela	ationship)	
(Address)				
Have you had any Judgments, Garnis	hments, or Le	gal Proceedings again	st you? Yes \( \square\) No \( \square\)	
If "Yes", explain: Have you ever been through a Bankru Are you a co-maker/guarantor on any If "Yes", AMOUNT: \$ ar	other loans?	Yes □ No □	Yes", YEAR:	

#### LOAN APPLICATION

**List Credit & Bank References** (If renewal, add new references):

### (Name) (Address) (Address) (Name) (Name) (Address) (Bank Name) (Address) (Bank Name) (Address) I hereby certify that all statements made (on any page(s) of this application), 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 experience with me. (If a co-maker is required, also use "Co-Signor's/Guarantor's Statement" co-maker Form CM-2 Rev. 6-91). (Signature) (Date) THIS SECTION FOR OFFICE USE ONLY \_\_\_\_\_\_ Account # \_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_/ Total **Share** Balance: \$ Total **LOAN** Balance: \$ If renewal, Amount Wanted\$ Terms:\_\_\_\_\_ \_\_\_\_\_ Amount \$\_\_ Check Made Payable To: Amount \$ Check Made Payable To: Check Made Payable To:\_\_\_\_\_ Amount \$\_\_\_ Check Made Payable To: Amount \$ THIS SECTION FOR AUTO LOANS ONLY Sales Price: \$\_\_\_\_\_ - Trade: \$\_\_\_\_ - Cash \$\_\_\_\_ - Dealer \$\_\_\_\_ +/- Other: \$\_\_\_\_ = \$\_\_ 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 This date of \_\_\_\_/\_\_\_(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 CREDIT COMMITTEE 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 should sign above). If application is rejected - reason for rejection: \_\_\_\_ Has member been sent the Credit Denial Form? Yes \( \subseteq \) No \( \subseteq \) If "Yes", CU Employee Name:

#### **CREDIT AUTHORIZATION FORM**

I hereby authorize Valley Wide of PA FCU to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my loan application. I further authorize Valley Wide of PA FCU to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information the lender obtains is only to be used in the processing of my application for a loan.

☐ Check to authorize \$10 dollar credit report fee from member shares:					
☐ Check to authorize \$19.99 dollar AutoCheck fee from member share					
Borrower	Date				
Co-Borrower	Date				