

Home Equity Line of Credit Loan Application

107 Washington Avenue
Albany, NY 12210
Phone: 518-434-3728
Toll-Free: 866-FASNYCU (327-6928)
Fax: 518-434-6218
Web: www.fasnycu.com
E-Mail: fcu@fasny.com



HOW TO APPLY	LOAN TERMS	
<ul style="list-style-type: none"> Complete sections 1 through 7 Sign and date section 8 Return the application to the credit union with your recorded deed and most recent tax bill An incomplete or unsigned application may delay processing 	Amount Requested	\$
	Repayment Term	<input type="checkbox"/> 60 Months <input type="checkbox"/> 120 Months <input type="checkbox"/> 180 Months
		Repayment <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Coupon Book <input type="checkbox"/> Automatic Transfer

SECTION 1: APPLICANT INFORMATION					
APPLICANT			CO-APPLICANT		
First Name	M.I.	Last Name	First Name	M.I.	Last Name
Credit Union Member Number		Social Security Number	Credit Union Member Number		Social Security Number
Street Address		Years at Address	Street Address		Years at Address
City	State	Zip	City	State	Zip
Date of Birth		Home Phone	Date of Birth		Home Phone
E-Mail Address		Cell Phone	E-Mail Address		Cell Phone
Previous Address		Years at Address	Previous Address		Years at Address
City	State	Zip	City	State	Zip
Complete for Joint Credit <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		Age(s) of Dependents	Complete for Joint Credit <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		Age(s) of Dependents

SECTION 2: EMPLOYMENT INFORMATION					
Employer			Employer		
Employer's Address			Employer's Address		
City	State	Zip	City	State	Zip
Title	Start Date	Hours/Week	Title	Start Date	Hours/Week
Supervisor's Name	If Self-Employed, Type of Business		Supervisor's Name	If Self-Employed, Type of Business	
Previous Employer (if at current employer less than 5 years)			Previous Employer (if at current employer less than 5 years)		
Employer's Address			Employer's Address		
City	State	Zip	City	State	Zip
Title	Start Date	End Date	Title	Start Date	End Date

SECTION 3: INCOME INFORMATION					
Gross Employment Income			Gross Employment Income		
\$	per	<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	\$	per	<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Other Income			Other Income		
\$			\$		

SECTION 4: REFERENCES					
Name of Nearest Relative Not Living With You			Name of Nearest Relative Not Living With You		
Street Address		Relationship	Street Address		Relationship
City	State	Zip	City	State	Zip
Name of Personal Friend			Name of Personal Friend		
Street Address		Relationship	Street Address		Relationship
City	State	Zip	City	State	Zip

SECTION 5: ASSETS/PROPERTY

What You Own	List Items and Locations of Property	Market Value	Pledged as Collateral for Another Loan
Home		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checking		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: OBLIGATIONS

What You Owe	Creditor Name	Present Balance	Monthly Payment
First Mortgage		\$	\$
Second Mortgage		\$	\$
Auto Loan / Lease		\$	\$
Credit Card		\$	\$
Credit card		\$	\$
Credit Card		\$	\$
Child Support		\$	\$
Other		\$	\$
Other		\$	\$
Other		\$	\$
List any other names under which your credit references and credit history can be checked:			
<i>Totals</i>		\$	\$

SECTION 7: FINANCIAL INFORMATION

	Applicant	Co-Applicant
Do you have any outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under Chapter 13?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed upon or given a deed in lieu of foreclosure in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen or permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income likely to decline in the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Co-Maker, Co-Signer or Guarantor on any loan not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for whom? (Name of others obligated on loan):		To whom? (Creditor)

SECTION 8: SIGNATURE

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 all your debts and obligations. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. 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 that 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 NCUA. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

Applicant's Signature X	Date	Co-Applicant's Signature X	Date
-----------------------------------	------	--------------------------------------	------



SECTION 9: FOR CREDIT UNION USE ONLY

Loan Officer	Advance Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Limit \$	
Loan Officer Signature X	Date	Loan Officer Signature X	Date