

107 Washington Avenue
 Albany, NY 12210-2269
 Phone: (518) 434-3728
 Toll-Free: 1-866-FASNYCU (1-866-327-6928)
 Fax: 1-518-434-6218
 Web: www.fasnycu.com
 Email: FCU@FASNY.com



Loan Application

HOW TO APPLY

- Please complete front and back of application
- Sign on back page
- Please include proof of income
- Return completed applications to Credit Union
- An incomplete or unsigned application may delay processing

INSTRUCTIONS

Individual Credit: You must complete the **Applicant** section about yourself, and the **Other** section about your spouse if:

1. Your spouse will use the account, or
2. You are relying on your spouse's income as a basis for repayment.

Joint Credit: if you are applying with another person, complete the **Applicant** and **Other** sections.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

APPLICANT

First	M.I.	Last
Credit Union Member Number		Social Security Number
Street Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents
City/State/Zip		Years at this Address:
Birth Date	Home Phone	Business Phone
Email Address		Cell Phone
Previous Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents
City/State/Zip		Years at this Address:
Complete for Joint Credit, Secured Credit of if you live in a community property state:		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		

EMPLOYMENT INCOME

Name and Address of Employer		
City/State/Zip		
Title/Grade	Start Date	Hours/Week
Supervisor's Name	If Self Employed, Type of Business	
Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		
Employment Income		Other Income
\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Net <input type="checkbox"/> Gross <input type="checkbox"/> Hour		\$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
Military:		
Previous Employer name and address if employed less than five years		Start Date
		Ending Date

TYPE OF LOAN FOR WHICH YOU ARE APPLYING

<input type="checkbox"/> Automobile	<input type="checkbox"/> Signature (Personal)
<input type="checkbox"/> Other	<input type="checkbox"/> Share Draft LOC <input type="checkbox"/> Share Secured
Amount Requested \$ _____ Collateral _____	

PAYMENT PROTECTION

<input type="checkbox"/> Single Credit Disability Insurance	Check coverage(s) desired. The Credit Union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.
<input type="checkbox"/> Single Credit Life Insurance	
<input type="checkbox"/> Joint Credit Life Insurance	
<input type="checkbox"/> None	

REPAYMENT SCHEDULE

<input type="checkbox"/> 36 Months	<input type="checkbox"/> 48 Months	<input type="checkbox"/> 60 Months	<input type="checkbox"/> Other _____
<input type="checkbox"/> I want voluntary payroll deduction			
<input type="checkbox"/> I'd like a coupon book		<input type="checkbox"/> I would like automatic transfer	
Year/Make/Model of Automobile _____			

OTHER: CO-APPLICANT SPOUSE GUARANTOR

First	M.I.	Last
Credit Union Member Number		Social Security Number
Street Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents
City/State/Zip		Years at this Address:
Birth Date	Home Phone	Business Phone
Email Address		Cell Phone
Previous Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents
City/State/Zip		Years at this Address:
Complete for Joint Credit, Secured Credit of if you live in a community property state:		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		

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Military:		
Previous Employer name and address if employed less than five years		Start Date
		Ending Date

APPLICANT REFERENCE		OTHER REFERENCE	
Name & Address of Nearest Relative Not Living With You	Relationship	Name & Address of Nearest Relative Not Living With You	Relationship
-----	Home Phone	-----	Home Phone

WHAT YOU OWE	Creditor Name (Attach Separate Sheets if Necessary)	Interest Rate	Present Balance	Monthly Payment	Owed By	
					Applicant	Other
<input type="checkbox"/> Rent <input type="checkbox"/> First Mortgage (Include Tax & Ins.)			\$	\$		
Second Mortgage			\$	\$		
First Auto Loan			\$	\$		
Second Auto Loan			\$	\$		
Child Care			\$	\$		
Child Support			\$	\$		
Credit Card			\$	\$		
Credit Card			\$	\$		
Other			\$	\$		
Other			\$	\$		
List any names under which your credit references and credit history can be checked:		Totals	\$	\$		

WHAT YOU OWN	Market Value	Pledged as Collateral For Another Loan	Owned By	
			Applicant	Other
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 (Describe)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER INFORMATION ABOUT YOU	Applicant	Other
If you answer "Yes" to any question other than #1, explain on an attached sheet		
1. 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
2. Do you currently have any outstanding judgments or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon or repossessed in the last seven years, or been a party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. Are you a co-maker, co-signer or guarantor on any loan not listed above? For whom? (Name of others obligated on loan):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	To whom? (Name of creditor):	

SIGNATURES	
<p>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, renewal or extension of the credit received. You understand that</p>	<p>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. 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.</p>
<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> X (Seal) </div> <p>Applicant's Signature Date</p>	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> X (Seal) </div> <p>Other Signature Date</p>



Please be sure you have completed the front and back of the application and signed in the box(es) above. An incomplete or unsigned application may delay processing. Mail your application to FASNY Federal Credit Union, 107 Washington Avenue, Albany, NY 12210-2269, or fax it to 1-518-434-6218. Remember to include proof of income (such as copies of recent pay stubs).

FOR CREDIT UNION USE ONLY							
Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Adverse Action Notice Sent)	Approved Limits:	Signature	Line of Credit	Other	Other	Debt Ratio/Score Before After
		\$	\$	\$	\$		
Loan Officer Comments							
Signature	Date	Signature	Date				
X		X					