



**APPLICANT INFORMATION**

<b>Primary Member Name:</b>		<b>Account #</b>
<b>Physical Address:</b>		<b>Cell Phone #</b>
		<b>Home Phone #</b>
<b>Social Security #:</b>	<b>Date of Birth:</b>	<b>Email:</b>
<b>Mortgage Payment: \$</b>	<b>Balanced Owed on Mortgage: \$</b>	<b>Rent: \$</b>

**EMPLOYER INFORMATION**

<b>Present Employer:</b>		<b>Position/Title:</b>
<b>Years with Employer:</b>		<b>Phone#:</b>
<b>Gross Income**:</b> Hourly\$	Monthly\$	<b>Other Income**:</b>
<b>Full Time :</b>	<b>Part Time Hours:</b>	<b>Bankruptcy Filed:</b>
<b>Previous Employer :</b>		<b>Alimony/Child Support:</b>

**LOAN REQUEST INFORMATION**

<b>Specific Purpose of Loan:</b>				<b>Ideal Payment: \$</b>			
<b>Amount Requested:</b>			<b>Add to Current Loan:</b>			<b>Term:</b>	
<b>Payment Type: Month End Transfer:</b>	<b>YES</b>	<b>NO</b>	<b>*DIRECT DEPOSIT:</b>		<b>YES</b>	<b>NO</b>	

\* (interest rate deduction may apply)

**COLLATERAL OFFERED/ATTACH A PURCHASE ORDER / TITLE**

<b>Year:</b>	<b>Make:</b>	<b>Model:</b>
<b>Vin:</b>	<b>Mileage:</b>	<b>Color:</b>

**INSURANCE FOR LOAN OFFERED**

<b>Temporary Disability</b>	<b>Yes</b>	<b>No</b>	<b>Life Insurance</b>	<b>Yes</b>	<b>No</b>
<b>Mechanical Repair Coverage</b>	<b>Yes</b>	<b>No</b>	<b>GAP Insurance</b>	<b>Yes</b>	<b>No</b>

**CO-APPLICANT INFORMATION**

<b>Full Name:</b>		<b>Account #</b>
<b>Address:</b>		<b>Phone#</b>
<b>Social Security#:</b>		<b>Date of Birth:</b>
<b>Present Employer:</b>		<b>Work #</b>
<b>Gross Income**Hourly \$</b>	<b>Monthly \$</b>	<b>Years at this address:</b>

\*\*Verification of Income may be required. Alimony and child support does not have to be revealed if the applicant does not want the credit union to consider it.

I hereby certify that all the statements made are true and submitted for the purpose of obtaining credit. I have no other debts. I also acknowledge receipt of the Equal Opportunity Act Notice. "In considering this application the loan officer may request a report from outside reporting agencies. We may ask for a reporting agency or for other such reports in connection with renewal or continuation for which you're applying. If you request it, we will tell you whether or not we ask for such reports and if we have the names and addresses of the agencies. I acknowledge notice of this disclosure under article 25 of NYS General Business Law.

<b>Signature of Applicant:</b>	<b>Date:</b>
<b>Affinity One Staff Witness:</b>	<b>Date:</b>
I understand that by signing this statement, I will become responsible for this debt should the applicant be delinquent	
<b>Signature of Co-Applicant:</b>	<b>Date:</b>
<b>Affinity One Staff Witness:</b>	<b>Date:</b>

