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NOTICE: Alimony, Child Support, or separate maintenance income need not be

revealed if you do not choose to have it considered.

0	Erie County Employees	County Employees Credit Union			CREDIT UNION USE ONLY				
1	95 Franklin Street Room	ranklin Street Room 111		Applicant's Loan					
	Buffalo, NY 14202		Account#		Note#				
	Phone: (716) 858-6245 I	Fax (716) 858-7602	New Loan Amount	Current Loa	in Balance	GAP Ins. Premium			
	Loan Application								
I am applying for a lo	an in the amount of \$	to be	Total Loan Amount	Periodic Pay	yment	First Payment Date			
	nonths.								
The purpose of this lo	oan is:		Credit Score	Rate	VOI Received?	NADA Value:			
Repayment Options:									
Weekly Bi-Weekly	Payroll Deduction  Cash					rence between the insurance al loss. A separate insurance form			
Semi-Monthly Monthly	Military Allotment Automatic Payment		which discloses the con-						
•				YES! I am in	terested in purchasi	ng GAP coverage			
PAYMENT OPTIONS: Payments are transfe	: erred from your account automatically	у		No, I am no	t interested in purch	asing GAP coverage			
biweekly.monthly or			PAYMENT PROTECTION						
Transfer my payment	ts from the following account:		If you answer "yes", the	n the credit	union will disclose th	ne cost of			
Account#	Shares		this voluntary payment	protection t	o you. A separate ele	ection which			
	Checking		discloses the terms and protection to be effective		nust be signed for				
If you are applying fo	or an automobile loan, please provide	vour	protection to be effective		it Life Insurance (firs	t named horrower)			
automobile insurance		you			Life Insurance	trialited borrower)			
Insurance Agent:				Single Credi	it Disability Insurance	e (first named borrower)			
Phone:	Fax:								
		INFORMATION	ABOUT YOU						
	Applicant					Co-Borrower			
Full Name	••		Full Name						
Date of Birth:	Social Security Number:		Date of Birth:		Social Security Num	nber:			
Duivania Liaanaa #		in-a Chaha-							
Driver's License #:	ı.	ssuing State:	Driver's License #:			Issuing State:			
Home Phone:	Cell Phone:	Years at Address:	Home Phone:	Cel	II Phone:	Yrs at Address:			
Street Address:			Street Address:						
City	State	Zip	City		State	Zip			
Current Employer:	Start I	Date:	Current Employer:			Start Date:			
Address	Self En	nployed?	Address			Self Employed?			
Position/Title	Work	Phone:	Position/Title			Work Phone:			
2nd Employer (if app	olicable) Start	Date:	2nd Employer (if applic	ahle)		Start Date:			
ap.o ye. ( upp	Julius Start		Ziid ziiipioyei (ii appiid	u.u.c,		otali pate.			
Address	Self En	nployed?	Address			Self Employed?			
Position/Title	Work	Phone:	Position/Title			Work Phone:			
Previous Employer	Start [	Date:	Previous Employer		2)	Start Date:			
	loyer is less than 2 years)		(If your present employ	er is less th	an 2 years)				
Address	Self En	nployed?	Address			Self Employed?			
Position/Title	Work	Phone:	Position/Title			Work Phone:			
Wages/Salary			Wages/Salary						
	copy of your most recent pay stub wi		(Please submit a co			with this application)			
\$	Per	Take Home	>	Per		Take Home			
Note:			Note:						
Additional Income:			Additional Income:						
			\$Per	Source:					
\$Per	Source:		\$Per	Source:					

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if you do not chose to have it considered

Real Estate Owned						
Type of Property	Street Address	City & State	Date Acquired	Purchase Price	Market Value	
Primary Residence						
Rental Property  Deference: Negreet Beletive						
Reference: Nearest Relative Name and Relationship	e NOL LIVING WITH TO		City & State Zip Code	Telephone Number:		
Information About Your Del	htc					
(You must list all debts, incl		loans. Attach a separa	ite sheet if necessary)			
Loan or Debt	Creditor	Account Number	Credit Limit	Current Balance	Mo. Payment & Interest Rate	
Mortgage						
Rent						
Second Mtg./Home Equity						
Automobile Automobile Alimony, etc Other						
Alimony, etc						
Other						
Other						
Other						
Other						
Other						
Other						
Other						
Other						
Other Information About You	DU					
Declarations If you answer "Yes" to any q	uestions b through	σ.		Applica	nt	Co-Applica
please use space below or a	<u> </u>	<b>O</b> :		7 (P P 11 C G 1		
				YES NO	YES	NO
a. ARE YOU A U.S. CITIZEN O	R PERMANENT RES	IDENT ALIEN?				
b. DO YOU CURRENTLY HAV	E ANY OUTSTANDIN	IG JUDGEMENTS?				
c. HAVE YOU EVER FILED FOI	R BANKRUPTCY OR	HAD A DEBT ADJUSTIV	IENT PLAN			
CONFIRMED UNDER CHAPTE	ER 13?					
d. HAVE YOU HAD PROPERT	Y FORECLOSED UPC	N OR REPOSSESSED IN	THE LAST 7 YEARS?			
e. ARE YOU A PARTY IN A LA	WSUIT?					
f. IS YOUR INCOME LIKELY TO	O DECLINE IN THE N	EXT TWO YEARS?				
g. ARE YOU A CO-MAKER, CO	D-SIGNOR OR GUAR		R DEBTS?			
If YES, for whom?		To Whom?				
Representations and Autho						
				owledge and that the above iately. You authorize the Cree		
					eived. You understand that th	e
Credit Uniion will rely on the		•				
YOU UNDERSTAND IT IS A F	EDERAL CRIME TO	WILLFULLY AND DELIE	BERATELY PROVIDE INCOM	<b>IPLETE OR INCORRECT INFO</b>	RMATION ON A LOAN	
APPLICATION MADE TO A F	EDERAL CREDIT UN	ION OR STATE CHART	ERED CREDIT UNION INSU	JRED BY THE NATIONAL CRE	DIT UNION ADMINISTRATION	
Please submit one most	recent paystub or I	ast year's W-2 with th	is application. (for each b	orrower)		
		<del></del>				
Applicant's Signature	Date		Co-Ap	plicant's Signature	Date	
Explanation - Please attach s	separate sheet to fi	Irther explain any aug	stions answered on the ar	plication		
Loan Officer Comments:	JOPAIACE SIICCE LO IL	The Capitalia ally que	SISIS GIISVVCICA OII LIIC AF	- p 11 - G - G - G - G - G - G - G - G - G	Debt Ratio	
				Befor		fter
Approved Den	iod Co.		Credit Union Use Only  Application approved if	Applicant accounts all condition	one cat forth halaw	
Approved Den	COL		e. Application approved if eptable Co-signor	Applicant accepts all conditions of the conditio	ons set forth below.	
		Other:	15 55 55 51 51			
Loan Officer's Signature		Date Lo	an Officer's Signature (if applicable		Date	