



**Erie County Employees Credit Union**  
**95 Franklin Street Room 111**  
**Buffalo, NY 14202**  
**Phone: (716) 858-6245 Fax (716) 858-7602**

**Loan Application**

I am applying for a loan in the amount of \$ \_\_\_\_\_ to be repaid in \_\_\_\_\_ months.  
 The purpose of this loan is: \_\_\_\_\_

- Repayment Options:
- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Weekly       | <input type="checkbox"/> Payroll Deduction  |
| <input type="checkbox"/> Bi-Weekly    | <input type="checkbox"/> Cash               |
| <input type="checkbox"/> Semi-Monthly | <input type="checkbox"/> Military Allotment |
| <input type="checkbox"/> Monthly      | <input type="checkbox"/> Automatic Payment  |

**PAYMENT OPTIONS:**  
 Payments are transferred from your account automatically biweekly, monthly or semi monthly.  
 Transfer my payments from the following account:

- Account# \_\_\_\_\_
- Shares  
 Checking

If you are applying for an automobile loan, please provide your automobile insurance information:  
 Insurance Agent: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CREDIT UNION USE ONLY**

Applicant's		Loan	
Account#		Note#	
New Loan Amount	Current Loan Balance	GAP Ins. Premium	
Total Loan Amount	Periodic Payment	First Payment Date	
Credit Score	Rate	VOI Received?	NADA Value:

**GAP INSURANCE:** This insurance covers the GAP or difference between the insurance settlement and loan balance if your vehicle suffers a total loss. A separate insurance form which discloses the conditions must be signed before coverage is effective.

- YES! I am interested in purchasing GAP coverage  
 No, I am not interested in purchasing GAP coverage

**PAYMENT PROTECTION:**  
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

- Single Credit Life Insurance (first named borrower)  
 Joint Credit Life Insurance  
 Single Credit Disability Insurance (first named borrower)

**INFORMATION ABOUT YOU**

Applicant		Co-Borrower	
Full Name		Full Name	
Date of Birth:	Social Security Number:	Date of Birth:	Social Security Number:
Driver's License #:	Issuing State:	Driver's License #:	Issuing State:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Years at Address:		Yrs at Address:	
Street Address:		Street Address:	
City	State	City	State
Zip		Zip	
Current Employer:	Start Date:	Current Employer:	Start Date:
Address	Self Employed?	Address	Self Employed?
Position/Title	Work Phone:	Position/Title	Work Phone:
2nd Employer (if applicable)	Start Date:	2nd Employer (if applicable)	Start Date:
Address	Self Employed?	Address	Self Employed?
Position/Title	Work Phone:	Position/Title	Work Phone:
Previous Employer (If your present employer is less than 2 years)	Start Date:	Previous Employer (If your present employer is less than 2 years)	Start Date:
Address	Self Employed?	Address	Self Employed?
Position/Title	Work Phone:	Position/Title	Work Phone:
Wages/Salary (Please submit a copy of your most recent pay stub with this application)	Take Home	Wages/Salary (Please submit a copy of your most recent pay stub with this application)	Take Home
\$ _____ Per _____		\$ _____ Per _____	
Note: _____		Note: _____	
Additional Income:	Source:	Additional Income:	Source:
\$ _____ Per _____		\$ _____ Per _____	
\$ _____ Per _____		\$ _____ Per _____	
<b>NOTICE:</b> Alimony, Child Support, or separate maintenance income need not be revealed if you do not choose to have it considered.		<b>NOTICE:</b> Alimony, Child Support, or separate maintenance income need not be revealed 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
<input type="checkbox"/> Primary Residence					
<input type="checkbox"/> Rental Property					

**Reference: Nearest Relative Not Living With You**

Name and Relationship	Street Address	City & State	Zip Code	Telephone Number:

**Information About Your Debts****(You must list all debts, including credit union loans. Attach a separate sheet if necessary)**

Loan or Debt	Creditor	Account Number	Credit Limit	Current Balance	Mo. Payment & Interest Rate
<input type="checkbox"/> Mortgage					
<input type="checkbox"/> Rent					
Second Mtg./Home Equity					
Automobile					
Automobile					
Alimony, etc....					
Other					

**Other Information About You****Declarations**

If you answer "Yes" to any questions b through g,

please use space below or attach a separate sheet for explanation.

	Applicant		Co-Borrower	
	YES	NO	YES	NO
a. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. HAVE YOU EVER FILED FOR BANKRUPTCY OR HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HAVE YOU HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ARE YOU A PARTY IN A LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ARE YOU A CO-MAKER, CO-SIGNOR OR GUARANTOR ON ANY OTHER DEBTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, for whom?		To Whom?		

**Representations and Authorization**

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 reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision.

**YOU UNDERSTAND IT IS A FEDERAL CRIME TO WILLFULLY AND DELIBERATELY PROVIDE INCOMPLETE OR INCORRECT INFORMATION ON A LOAN APPLICATION MADE TO A FEDERAL CREDIT UNION OR STATE CHARTERED CREDIT UNION INSURED BY THE NATIONAL CREDIT UNION ADMINISTRATION.**

**Please submit one most recent paystub or last year's W-2 with this application. (for each borrower)**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Explanation - Please attach separate sheet to further explain any questions answered on the application.

**Loan Officer Comments:****Debt Ratio**

\_\_\_\_\_ Before \_\_\_\_\_ After

**Credit Union Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Counter-Offer to be made. Application approved if Applicant accepts all conditions set forth below.  
Supply an Acceptable Co-signor  
Other: \_\_\_\_\_

Loan Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Loan Officer's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_