

LOAN APPLICATION
USNEP EMPLOYEES' FCU
30 E COURT
LEWISBURG, PA 17837

**INSTRUCTIONS: ALL QUESTIONS MUST
BE COMPLETED WITH RECENT PAY
STUBS ATTACHED FOR BOTH
APPLICANT & SPOUSE.**

REV 04-2012

APPLICANT

JOINT APPLICANT

NAME:
ACCT #:
SSN:
DOB:
HOME PH:
ADDRESS:
CITY/STATE:
WORK PH:

NAME:
ACCT #:
SSN:
DOB:
HOME PH:
ADDRESS:
CITY/STATE:
WORK PH:

EMPLOYER:
ADDRESS:
POSITION:
YRS EMPLOYED:

EMPLOYER:
ADDRESS:
POSITION:
YRS EMPLOYED:

GROSS MTH INCOME:
SPOUSE MTH INCOME:
EVER DELCARED BK 7/13:
IF YES..WHAT DATE:
REASON FOR BK:

GROSS MTH INCOME:
SPOUSE MTH INCOME:
EVER DELCARED BK 7/13:
IF YES..WHAT DATE:
REASON FOR BK:

MONTHLY DEBT

MONTHLY DEBT

(CREDIT CARD/AUTO PMTS/HOUSE/RENT)

MONTHLY RENT:
MORTGAGE PAYMENT:
BALANCE OWED:
CREDITOR:
MTH PAY:
BALANCE OWED:
CREDITOR:
MTH PAY:
BALANCE OWED:
CREDITOR:
MTH PAY:
BALANCE OWED:

CREDITOR:
MTH PAY:
BALANCE OWED:
CREDITOR:
MTH PAY:
BALANCE OWED:
CREDITOR:
MTH PAY:
BALANCE OWED:
CREDITOR:
MTH PAY:
BALANCE OWED:

TOT MTH DEBT:

TOT MTH DEBT:

CONTD ON PAGE (2)

TYPE OF LOAN APPLIED FOR: SHARE SECURED
SIGNATURE
NEW CAR
USED CAR
CYCLE
CAMPER

DOLLAR AMOUNT:	LOAN LENGTH(MTHS):
YR & MAKE OF VEHICLE:	VIN NO:
DEALER ADDRESS:	

DO YOU WANT CDI INSURANCE? YES ___ NO ___

CDI INSURANCE IS DISABILITY INSURANCE WHICH MAKES LOAN PAYMENTS UP TO \$350/MTH IN THE EVENT OF A DISABILITY THAT GOES BEYOND 30 DAYS. **THERE IS A FEE FOR THIS INSURANCE, BASED ON LOAN AMOUNT AND AGE.**

CERTIFICATION: I CERTIFY ALL STATEMENTS MADE ARE CORRECT FOR THE PURPOSE OF OBTAINING THIS LOAN. THIS CREDIT UNION IS AUTHORIZED TO VERIFY EMPLOYMENT AND VERIFY CREDIT PERFORMANCE.

SIGNATURE:	DATE:
CO-SIGNATURE:	DATE:

TO BE COMPLETED BY CREDIT UNION OFFICIALS

CREDIT COMMITTEE: ON () WE (CIRCLE ONE) APPROVE DENY THE APPLICANT'S LOAN REQUEST.

IF DENIED CIRCLE REASON(S). EXCESSIVE DEBT POOR CREDIT PERFORMANCE
HIGH DEBT RATIO OTHER

CREDIT COMMITTEE SIGNATURE: _____

AMT REQUESTED:	AVAIL. INCOME:
TOT EXP [] TOT INC [] = DR []	RISK TIER :
CHARACTER: \$7,500	
AUTO 1:	
AUTO 2:	
AUTO 3:	
AUTO 4:	
LESS (CURRENT LOAN)	

NET COLLATERAL:

LOAN NUMBER: _____

(3) ATTACHMENTS

ATTACHMENT (A)

LEGAL NOTICE

***IF YOUR LOAN IS SECURED BY COLLATERAL YOU
MUST ADVISE THE DEALER WE ARE LIEN HOLDER
WITH THE FOLLOWING INFORMATION.***

***USNEP EFCU
30 E COURT
LEWISBURG, PA 17837***

FIN 24-0799199

***TITLE MUST BE RECEIVED WITHIN 45 DAYS OR THE
LOAN IS CONSIDERED TO BE IN DEFAULT***

Attachment (b)

**USNEP EMPLOYEES FCU
30 E COURT
LEWISBURG, PA 17837**

NOTICE TO COSIGNER

**YOU ARE BEING ASKED TO GUARANTEE THIS DEBT IN THE
NAME OF _____ ACCT # _____
IN THE AMOUNT OF \$ _____.**

**IF THE BORROWER DOESN'T PAY THE DEBT, YOU WILL HAVE TO.
BE SURE YOU CAN AFFORD TO PAY IF YOU HAVE TO, AND THAT YOU WANT TO ACCEPT
THIS RESPONSIBILITY.**

**YOU MAY HAVE TO PAY UP TO THE FULL AMOUNT OF THE DEBT IF THE BORROWER DOES
NOT PAY. YOU MAY ALSO HAVE TO PAY LATE FEES OR COLLECTION COSTS, WHICH
INCREASE THIS AMOUNT.**

**THE CREDITOR CAN COLLECT THIS DEBT FROM YOU WITHOUT FIRST TRYING TO
COLLECT FROM THE BORROWER. THE CREDITOR CAN USE THE SAME COLLECTION
METHODS AGAINST YOU THAT CAN BE USED AGAINST THE BORROWER, SUCH AS SUING
YOU, GARNISHING YOUR WAGES, ETC. IF THIS DEBT IS EVER IN DEFAULT, THAT FACT
MAY BECOME A PART OF YOUR CREDIT RECORD.**

THIS NOTICE IS NOT THE CONTRACT THAT MAKES YOU LIABLE FOR THE DEBT.

NAME OF COSIGNER _____

COSIGNER SIGNATURE _____

Attachment (c)

LOAN FEE NOTICE

EFFECTIVE 4-12-2007

**WHEN TITLES ARE RECEIVED WITHOUT A PROPER LIEN
RECORDED. THERE WILL BE
A \$50 FEE CHARGED FOR FILING AND RECORDING OUR
CREDIT UNION AS LIENHOLDER.**