

Westside Community Federal Credit Union

125 East Buffalo Street / P.O. Box 316

Churchville, NY 14428

Phone: 585-293-3840

Fax: 585-293-9350

LOAN APPLICATION**How To Apply**

- Please complete the application
- Sign on the signature fields
- Return completed application to the credit union
- An incomplete or unsigned application may delay processing
- Please include a copy of your current Paystub(s)

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if (1) you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI); (2) your spouse will use the account; or (3) you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

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

Check Below to indicate the type of credit for which you are applying. Married Applicants may apply for a separate account.

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	Amount Requested \$ _____	Purpose/Collateral _____
Repayment:	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Cash	<input type="checkbox"/> Military Allotment
Payment Protection	<input type="checkbox"/> Single Credit Disability Insurance	<input type="checkbox"/> Single Credit Life Insurance	Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate election, which discloses the terms and conditions must be signed for coverage to become effective.
	<input type="checkbox"/> Joint Credit Life Insurance		

Applicant	
NAME (Last - First - Initial)	MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)
BIRTHDATE	HOME PHONE () ()
BUSINESS PHONE / EXT. () ()	E-MAIL ADDRESS
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	YEARS AT THIS ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

Employment / Income				
NAME AND ADDRESS OF EMPLOYER				
TITLE / GRADE	START DATE	HOURS AT WORK	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: \$ _____ PER _____	<input type="checkbox"/> NET <input type="checkbox"/> GROSS	OTHER INCOME: \$ _____ PER _____	SOURCE: _____	
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHERE	ENDING / SEPARATION DATE			
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS				STARTING DATE
				ENDING DATE

Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor			
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER / STATE		LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	
BIRTHDATE		HOME PHONE () ()	
BUSINESS PHONE / EXT. () ()		E-MAIL ADDRESS	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
		YEARS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
		YEARS AT THIS ADDRESS	

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WHERE	ENDING / SEPARATION DATE			
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS				STARTING DATE
				ENDING DATE

Applicant Reference	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
		HOME PHONE

Other Reference	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
		HOME PHONE

What You Owe	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE (include Tax and Insurance)			\$	\$		
SECOND MORTGAGE			\$	\$		
1 ST AUTO LAON			\$	\$		
2 ND AUTO LOAN			\$	\$		
CHILD CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCE AND CREDI HISTORY CAN BE CHECKED			TOTALS	\$	\$	

What You Own	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	Applicant	Other
HOME		\$				
AUTO		\$	YES	NO		
SAVINGS		\$	YES	NO		
CHECKING		\$	YES	NO		
OTHER (Describe)		\$	YES	NO		

Other Information About You	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT		OTHER	
		YES	NO	YES	NO
1.	ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?				
2.	DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS OR BEEN A PARTY IN A LAWSUIT?				
3.	IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?				
4.	ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY OTHER LOAN NOT LISTED ABOVE? FOR WHOM (Name of others obligated on loan): _____ TO WHOM (Name of Creditor): _____				

State Law Notices **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any material property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

<input checked="" type="checkbox"/>	SIGNATURE FOR WISCONSIN RESIDENTS ONLY	DATE
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Signatures			
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 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.	
<input checked="" type="checkbox"/>	(SEAL)	<input checked="" type="checkbox"/>	(SEAL)
APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE	DATE

For Credit Union Use Only							
DATE	APPROVED	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	BEBT RATIO/SCORE BEFORE AFTER
	DENIED		\$	\$	\$	\$	
LOAN OFFICER COMMENTS:							
SIGNATURES:							
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
	DATE		DATE				