



NIZARI PROGRESSIVE FEDERAL CREDIT UNION

SIGNATURE LOAN APPLICATION

General Requirements:

	<u>Loan Amount</u>	<u>Document with Application</u>	<u>Credit Score</u>	<u>Residency Requirement</u>
<input type="checkbox"/>	\$5,000 – \$75,000	Last 2 years Tax return & Proof of Current income	650 and above	Green Card or US Citizenship

Terms & Conditions:

- Loan amount up to \$75,000.
- Maximum term up to 72 months.
- All applicants must sign IRS Form 4506-T for verification of their tax returns with IRS.
- Member must be in good standing as a borrower/guarantor.
- Interest rate varies based on the term of the loan and credit score.
- Borrowers requesting a loan amount greater than \$50,000 must have a minimum credit score of 700.
- Application Fee \$25.00 (*refer to application fee disclosure*)

Married Applicants: May apply for a separate account.

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.

☐ **LOANLINER Account/Loan:** ☐ Individual ☐ Joint ☐ Personal ☐ Secured ☐ Signature ☐ Auto ☐ Equipment ☐ Student
(Including ATM/Debit Card Access to the Account if Available) ☐ Credit Card Account: ☐ Individual ☐ Joint

Amount Requested \$

Credit Limit Requested \$

Purpose/Collateral:

If Authorized User, Name:

Repayment: ☐ Payroll Deduction ☐ Cash ☐ Military Allotment ☐ Automatic Payment

PAYMENT PROTECTION

Are you interested in having your loan protected? ☐ Yes ☐ No

If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT	
NAME	
ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE CELL PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> 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 _____
REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

OTHER	<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER
NAME	
ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE CELL PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
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REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	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
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
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			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN			OWNED BY	
			YES	NO	APPLICANT	OTHER	
		\$		YES		NO	
		\$		YES		NO	
		\$		YES		NO	
		\$		YES		NO	
		\$		YES		NO	
		\$		YES		NO	
		\$		YES		NO	
		\$		YES		NO	

OTHER INFORMATION ABOUT YOU	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?			
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU 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 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 creditworthy 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.

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.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

X

SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

SIGNATURES

1. 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, 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. 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

X (SEAL)

X (SEAL)

APPLICANT'S SIGNATURE DATE OTHER SIGNATURE DATE

FOR CREDIT UNION USE ONLY

DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
			\$	\$	\$	\$	

LOAN OFFICER COMMENTS:

SIGNATURES:

X

DATE DATE



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

PERSONAL FINANCIAL STATEMENT

COMPLETE ONLY IF APPLYING FOR MORE THAN \$25,000.00

SECTION A: ASSETS

Cash	(1)
Investments in Partnership	(2)
Real Estate (Homestead)	(3)
Real Estate (Other)	(3)
OTHER ASSETS	
Personal Property	
Automobiles (Market Value)	
Notes Receivable	
Life Insurance (Cash Value)	
TOTAL ASSETS (A)	

SECTION B: LIABILITIES

Other Debts Payable	(1)
Partnership Payable	(2)
Mortgage Payable	(3)
Credit Card Debts	
OTHER LIABILITIES	
Taxes Payable	
Auto Loan Payable	
Notes Payable	
NET WORTH (A - B)	
TOTAL LIABILITIES (B)	

SECTION C: CASH INCOME & EXPENSE

Gross Wages or Salaries		Mortgage Payments / Rent	
Commissions, Bonuses etc		Principal/Interest Payments	
Partnership Income etc		Income Taxes	
Partnership Distributions		Partnership Contributions	
Interests & Dividends		Other Taxes	
Rental Income		Living Expenses & Misc.	
Other		Other	
TOTAL CASH INCOME (A)		TOTAL Cash Expense (B)	
		NET Cash Flow (A-B)	

SCHEDULE 1 - CASH

Account Name	Bank Name	Account #	Balance	Security Dep.

SCHEDULE 2 - INVESTMENTS in PARTNERSHIPS

Partnership Name	Gen., Ltd., Other	Percentage	Cost	Market Value

SCHEDULE 3 - REAL ESTATE

Location	Lien Holder	Cost	Balance	Market Value

SCHEDULE 4 - NOTES PAYABLE

Name of Institutions	Collateral	Original Amt	Balance	Maturity Date

The undersigned certifies that the information inserted here is true and correct, to the best of my knowledge.

Signed X _____ Date _____ A/C # _____



NIZARI
PROGRESSIVE FEDERAL
CREDIT UNION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name	NIZARI PROGRESSIVE FEDERAL CREDIT UNION
Company ID	113093881

I hereby authorize **NIZARI PROGRESSIVE FEDERAL CREDIT UNION**, hereinafter called, COMPANY, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY NAME

CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

MEMBER NAME		NIZARI ACCOUNT NUMBER	
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	
AMOUNT TO BE DEBITED EVERY MONTH \$	DATE OF DEBIT:	<input type="checkbox"/> Loan <input type="checkbox"/> Savings	

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I have completed this form fully and certify that I am the authorized to furnish all the information requested. I hereby also approve that all information provided is accurate.

MEMBER SIGNATURE	TODAY'S DATE
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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM



Application Fee

Application Fee of \$25.00 will be required with all Personal loans, Signature loans, Personal Line of Credit and Equipment Loans

Loan Application Fee of \$25.00 under following conditions:

- a. If a member provides a signed loan application and the loan is ineligible for the loan
- b. If a member provides a signed loan application and thereafter withdraws the loan before or after approval / counter offer
- c. If a member provides a signed application and does not provide any further documentation to complete the loan process within 60 days, the loan will be considered withdrawn

If the loans is approved AND disbursed within 60 days the borrower will be refunded the \$25.00 application fee.

I agree to the above terms and conditions

Account Number: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____