

LOAN APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

IMPORTANT: Read these Directions before completing this Application.

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except B.
- If you are applying for joint credit with another person, complete all Sections, providing information in B about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance as the basis for repayment of the credit requested, complete "Sources of Other Income" included in Section A.

LOAN PURPOSE IMPORTANT: Check (X) the appropriate box below and complete the applicable sections.

- | | |
|---|--|
| Secured:
<input type="checkbox"/> AUTO <input type="checkbox"/> BOAT <input type="checkbox"/> SHARE
<input type="checkbox"/> RV <input type="checkbox"/> JET SKI <input type="checkbox"/> CD
<input type="checkbox"/> ATV <input type="checkbox"/> MOTORCYCLE | Personal Loan:
<input type="checkbox"/> BILL CONSOLIDATION <input type="checkbox"/> PERSONAL
<input type="checkbox"/> INCREASE LOC <input type="checkbox"/> NEW LOC |
|---|--|

FOR CREDITOR USE
 DATE _____
 LOAN NO. _____

AMOUNT REQUESTED \$	TERM	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIMONTHLY <input type="checkbox"/> BIWEEKLY	LOAN DESCRIPTION
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SECTION A – INDIVIDUAL APPLICANT INFORMATION

NAME (First, Middle, Last, Suffix)				IDENTIFICATION NO.
BIRTHDATE	HOME PHONE	CELL PHONE	SOCIAL SECURITY NO.	NO. DEPENDENTS
ADDRESS (Street, City, State & Zip)			HOW LONG?	<input type="checkbox"/> LIVING W/PARENTS <input type="checkbox"/> GOV'T QTRS. <input type="checkbox"/> BUYING <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 6 months at present address)			HOW LONG?	
NAME OF MORTGAGE HOLDER/LANDLORD				PAYMENT \$
EMPLOYER (Company Name)				HOW LONG?
BUSINESS PHONE	Ext.	POSITION OR TITLE		SALARY PER MONTH GROSS: \$
PREVIOUS EMPLOYER (Company Name)		POSITION OR TITLE		HOW LONG
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$
Have you filed bankruptcy in the last ten years? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you liable for alimony, child support or maintenance payments? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, \$ _____ per month.		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)

SECTION B – CO-APPLICANT OR OTHER PARTY

NAME (First, Middle, Last, Suffix)				IDENTIFICATION NO.
BIRTHDATE	HOME PHONE	CELL PHONE	SOCIAL SECURITY NO.	NO. DEPENDENTS
ADDRESS (Street, City, State & Zip)			HOW LONG?	<input type="checkbox"/> LIVING W/PARENTS <input type="checkbox"/> GOV'T QTRS. <input type="checkbox"/> BUYING <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 6 months at present address)			HOW LONG?	
NAME OF MORTGAGE HOLDER/LANDLORD				PAYMENT \$
EMPLOYER (Company Name)				HOW LONG?
BUSINESS PHONE	Ext.	POSITION OR TITLE		SALARY PER MONTH GROSS: \$
PREVIOUS EMPLOYER (Company Name)		POSITION OR TITLE		HOW LONG
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$
Have you filed bankruptcy in the last ten years? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you liable for alimony, child support or maintenance payments? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, \$ _____ per month.		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)

SECTION C – AUTOMOBILE INFORMATION

Trade-In Year _____ Make _____ Model: _____ Mo. Payment: _____

SECTION D – OPTIONAL DEBT PROTECTION

Optional Debt Protection is not required to obtain Credit and will not be provided unless you elect a package below and agree to pay the additional cost.

Option #1: Applicant Co-Applicant

All Cause Death

Option #4: Applicant Co-Applicant

All Cause Death, Critical Period Disability (30 day elimination), Involuntary Unemployment (30 day elimination) and Family Leave(30 day elimination)

Option #2: Applicant Co-Applicant

All Cause Death and Full Term Disability (30 day elimination)

Option #5: Applicant Co-Applicant

Critical Period Death (12 month), Disability (30 day elimination), Involuntary Unemployment (30 day elimination) and Family Leave (30 day elimination)

Option #3: Applicant Co-Applicant

All Cause Death and Full Term Disability (14 day retroactive)

Option #6: Applicant Co-Applicant

Critical Period Death and Disability (30 day elimination)

SECTION E - GUARANTEE ASSET PROTECTION (GAP)

Guarantee Asset Protection (GAP) is not required to obtain Credit and will not be provided unless elected and you agree to pay the additional cost.

Guarantee Asset Protection (GAP)

Please Give Us Your E-mail Address

For future SSFCU e-mail, Member Credit Rewards Statements, newsletters, promotions etc. Email: _____

By signing below, I understand that, in extending credit, Security Service Federal Credit Union (SSFCU) is relying on the foregoing application and financial information that I assure you is accurate and complete to the best of my knowledge. SSFCU reserves the right to request additional financial information. SSFCU is authorized to check my credit, employment, and salary history, as well as answer questions about its credit history with me. If this application is Approved and there is an agreement covering the loan or account, I agree to honor the provisions of that agreement. I elect or decline insurance coverage as shown above.

Signature: (Applicant) _____

Date: _____

Signature: (Co-Applicant/Guarantor) _____

Date: _____