



ALL PURPOSE LOAN APPLICATION

(Non-Real Estate Loans Only)

Member Credit Union Account Number: _____ Date: _____

Purpose of Loan: _____ Amount Requested \$ _____

Auto Motorcycle Boat RV Vehicle Model Year: _____ Downpayment \$ _____

Signature Loan Certificate-Secured Share-Secured

How are you applying? Individually Jointly with your spouse Jointly with a member other than your spouse

(Note: Married Applicants May Apply for Individual Credit)

If you live in a community property state (AZ, CA, HI, ID, LA, NV, TX, WA, and WI), are you: Married Separated or Unmarried

Automatic Payment Transfer: Would You Like Your Loan Payments Automatically Deducted From Your CU Account?

With Automatic Payment Transfer from your credit union checking account you will receive a 1% interest rate reduction on your loan (excluding Share and Certificate-Secured Loans).

YES - Deduct Payment From: Checking Savings (1% Discount does not apply) **NO Thanks**

APPLICANT INFORMATION

FULL NAME OF APPLICANT		Last	First	MI	SOCIAL SECURITY NUMBER	
HOME ADDRESS		Number & Street		City	State	Zip Code
RESIDENTIAL STATUS			MONTHLY RENT / MORTGAGE		TIME AT PRESENT ADDRESS	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:			\$		Years: Months:	
BIRTHDATE (MM/DD/YY)	DRIVERS LICENSE (STATE & NO.)		HOME PHONE		CELL NUMBER	EMAIL ADDRESS
NEAREST RELATIVE NOT LIVING WITH YOU: Last Name First Name			RELATIVE'S HOME PHONE NUMBER		RELATIVE'S RELATIONSHIP TO YOU	
RELATIVE'S HOME ADDRESS: Number & Street		City	State	Zip Code		
(YOUR) EMPLOYMENT			WORK PHONE		HOW LONG?	
<input type="checkbox"/> Self Employed <input type="checkbox"/> Employer Name:					Years: Months:	
PROFESSION/OCCUPATION/POSITION			LAST YEAR'S INCOME		THIS YEAR'S INCOME (Year to Date)	
			\$		\$	
ADDITIONAL INCOME SOURCE*			HOW LONG?		AMOUNT PER MONTH	
			Years: Months:		\$	

* Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

CO-APPLICANT INFORMATION

Complete Co-Applicant Information below, and, if you are applying for Individual Credit but are relying on alimony, child support, or separate maintenance income, or the income or assets of another person as the basis for repayment of the credit requested, then the Co-Applicant Information below must be completed to the extent possible.

FULL NAME OF APPLICANT		Last	First	MI	SOCIAL SECURITY NUMBER	
HOME ADDRESS		Number & Street		City	State	Zip Code
RESIDENTIAL STATUS			MONTHLY RENT / MORTGAGE		TIME AT PRESENT ADDRESS	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:			\$		Years: Months:	
BIRTHDATE (MM/DD/YY)	DRIVERS LICENSE (STATE & NO.)		HOME PHONE		CELL NUMBER	EMAIL ADDRESS
NEAREST RELATIVE NOT LIVING WITH YOU: Last Name First Name			RELATIVE'S HOME PHONE NUMBER		RELATIVE'S RELATIONSHIP TO YOU	
RELATIVE'S HOME ADDRESS: Number & Street		City	State	Zip Code		
(YOUR) EMPLOYMENT			WORK PHONE		HOW LONG?	
<input type="checkbox"/> Self Employed <input type="checkbox"/> Employer Name:					Years: Months:	
PROFESSION/OCCUPATION/POSITION			LAST YEAR'S INCOME		THIS YEAR'S INCOME (Year to Date)	
			\$		\$	
ADDITIONAL INCOME SOURCE*			HOW LONG?		AMOUNT PER MONTH	
			Years: Months:		\$	

* Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

By signing below, you individually and jointly apply for the loan(s) indicated. You state under penalty of perjury that all information provided is accurate and complete, and that the financial information you have provided fully and fairly reflects your financial condition until you notify SAG-AFTRA Federal Credit Union ("the Credit Union") otherwise in writing. You agree to promptly notify the Credit Union of any material change in the information provided, including change of name, address, and financial condition. You understand that it is a violation of Section 1014, Title 18 of the US Code to make a false statement or overvalue security for the purpose of influencing the actions of a federally insured credit union. You authorize the Credit Union to make inquiries about your credit history and to request financial information from credit reporting agencies, employers, and others as well as to provide information about your credit experience with the Credit Union to other creditors and credit reporting agencies.

x _____
APPLICANT'S SIGNATURE DATE

x _____
CO-APPLICANT'S SIGNATURE DATE

Please complete, sign and mail or fax Application to:

SAG-AFTRA Federal Credit Union
Attention Loan Department
PO Box 11419
Burbank, CA 91510

Fax-818-260-9485