

Phone: (201) 659-3900 | Fax: (201) 863-7361 666 Newark Avenue, Jersey City, NJ 07306 1347 John F. Kennedy Blvd. Bayonne, NJ 07002 108 48th Street, Union City, NJ 07087

AUTO LOAN APPLICATION

MEMBER'S INFORMATION

| FIRST & LAST NAME | | | | | | |
|---|-------------------------|----------------------|----------------------|--|--|--|
| HOME ADDRESS | | | | | | |
| | | | | | | |
| RESIDED AT THIS ADDRESS SINCE (Please list month and year) | | | | | | |
| ACCOUNT NUMBER | EMAIL ADDRESS | | | | | |
| BIRTHDATE | DRIVER'S LICENSE NUMBER | | STATE | | | |
| SOCIAL SECURITY # | | GROSS MONTHLY INCOME | | | | |
| HOME PHONE | CELL | WORK | PREFERRED? H W C | | | |
| NAME & ADDRESS OF EMPLOYER | | | | | | |
| START DATE | SUPERVISOR'S N | AME | | | | |
| WHICH DO YOU PAY (Please check one) RENT MORTGAGE MONTHLY AMOUNT \$ | | | | | | |
| ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? (Please check one) 🗌 YES 🛛 NO | | | | | | |
| AMOUNT REQUESTED \$ | | | | | | |
| | | | | | | |
| SPOUSE OR CO-APPLICANT INFORMATION (OPTIONAL) | | | | | | |
| FIRST & LAST NAME | | | | | | |
| HOME ADDRESS | | | | | | |

| RESIDED AT THIS ADDRESS SINC | E (Please list month and year) | | |
|--------------------------------|---------------------------------------|--------------------------|----------------------|
| ACCOUNT NUMBER | | _ EMAIL ADDRESS | |
| BIRTHDATE | _ DRIVER'S LICENSE NUMBER | | STATE |
| SOCIAL SECURITY # | | ROSS MONTHLY INCOME | |
| HOME PHONE | CELL | WORK | PREFERRED? H W C |
| NAME & ADDRESS OF EMPLOYER | | | |
| START DATE | SUPERVISOR'S NAME | | |
| WHICH DO YOU PAY (Please check | (one) 🗌 RENT 🗌 MORTGAGE | MONTHLY AMOUNT \$ | |
| ARE YOU A U.S. CITIZEN OR PERM | ANENT RESIDENT ALIEN? (Plea | se check one) 🗌 YES 🗌 NO | |

*Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repayment. If self-employed, please supply last 2 years of tax returns. You promise that everything you have stated in this application is correct to the best of your knowledge. 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. Terms and Conditions: By signing below, I/we authorize Liberty Savings Federal Credit Union to check my/our credit and employment history and report my/our credit performance to others who may properly receive this information. I/we understand that you may contact me/us for further information and that this application must be completed for the credit union to process my/our request.

CO-APPLICANT'S SIGNATURE _____

DATE _____

