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## **LOAN APPLICATION**

## **MEMBER'S INFORMATION**

FIRST & LAST NAME			
HOME ADDRESS			
	SINCE (Please list month and year)		
	DRIVER'S LICENSE NUMBER		
SOCIAL SECURITY #	(	GROSS MONTHLY INCOME	
HOME PHONE	CELL	WORK	PREFERRED? H   W   C
NAME & ADDRESS OF EMPLO	OYER		
START DATE	SUPERVISOR'S NAME _		
WHICH DO YOU PAY (Please	check one) $\square$ RENT $\square$ MORTGAGE	MONTHLY AMOUNT \$	
PURPOSE OF LOAN		AMOUNT REQUES	TED \$
ARE YOU A U.S. CITIZEN OR	PERMANENT RESIDENT ALIEN? (Plea	se check one) 🗆 YES 🗆 NO	
SPOUSE OR CO-API	PLICANT INFORMATION (	OPTIONAL)	
		·	
	SINCE (Please list month and year)		
	·		
BIRTHDATE	DRIVER'S LICENSE NUMBER		STATE
	(		
HOME PHONE	CELL	WORK	PREFERRED? H   W   C
NAME & ADDRESS OF EMPLO	OYER		
START DATE	SUPERVISOR'S NAME _		
WHICH DO YOU PAY (Please	check one)   RENT   MORTGAGE	MONTHLY AMOUNT \$	
ARE YOU A U.S. CITIZEN OR	PERMANENT RESIDENT ALIEN? (Plea	se check one) 🗌 YES 🔲 NO	
tax returns. You promise that everything You authorize the Credit Union to obtain understand that the Credit Union will rel any credit bureau from which it receive By signing below, I/we authorize Liberty S	tenance income need not be revealed if you do not cho g you have stated in this application is correct to the be n credit reports in connection with this application for ly on the information in this application and your credit d a credit report on you. It is a crime to willfully and d Savings Federal Credit Union to check my/our credit and hay contact me/us for further information and that this	st of your knowledge. If there are any importa credit and for any update, increase, renewal report to make its decision. If you request, th eliberately provide incomplete or incorrect in employment history and report my/our credit p	ant changes you will notify us in writing immediatel, extension or collection of the credit received. Yo be Credit Union will tell you the name and address of formation in this application. Terms and Conditions performance to others who may properly receive thi
APPLICANT'S SIGNATURE	Ī	DATE	
CO-APPLICANT'S SIGNATI	URE	DATE	
			NCUA COULT TOUR HOUSE