

FAX an APP!

Apply today! You can fax this app to
(781) 438-6224 or mail it back to us

Consumer Loan Application

Applicant (Please Print)			
Name _____	- Debts -	Mo.	
	Name	Balance	Payment
Social Security No. _____			
Date of Birth _____			
Address _____			
City/State/Zip _____			
Home Phone _____ Work Phone _____			
Employed by: _____			
*Monthly Gross Salary \$ _____			
Full-time _____ Part-time _____			
Length of Employment: Years _____ Mos. _____			
**Other Income \$ _____			
Source of Income: _____			
Name of nearest relative _____			
(not living with you) _____			
Address _____			
City/State/Zip _____			
Relationship _____ Phone _____			
*Attach copy of W-2, payroll stub, etc., to verify income.			
**Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.			

Co-Applicant (Please Print)			
Name _____	- Debts -	Mo.	
	Name	Balance	Payment
Social Security No. _____			
Date of Birth _____			
Address _____			
City/State/Zip _____			
Home Phone _____ Work Phone _____			
Employed by: _____			
*Monthly Gross Salary \$ _____			
Full-time _____ Part-time _____			
Length of Employment: Years _____ Mos. _____			
**Other Income \$ _____			
Source of Income: _____			
Name of nearest relative _____			
(not living with you) _____			
Address _____			
City/State/Zip _____			
Relationship _____ Phone _____			
*Attach copy of W-2, payroll stub, etc., to verify income.			
**Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered.			

Credit Information

Provide the following information about applicant, and if applicable, about co-applicant. If additional information is required, an additional application may need to be signed.

Applicant

Please check one and enter monthly payment amount.

- Mortgage/Own home \$ _____
- Rent \$ _____ per month.
- Live with relative \$ _____ per month.

Co-Applicant

Please check one and enter monthly payment amount.

- Mortgage/Own home \$ _____
- Rent \$ _____ per month.
- Live with relative \$ _____ per month.

Vehicle Information (if applicable)

Please attach a copy of the Purchase and Sales agreement including: Total mileage, Year, Make, Model, and Vin ID#.

General Information (All loans)

I/We hereby apply for a loan of \$ _____ to be repaid in _____ successive monthly payments. If the loan is granted, the proceeds will be used for the following **purpose**:

Check off: Loan Type - Pay Method - Credit Ins.

- | | |
|--------------------------------------|---|
| <input type="radio"/> Personal | <input type="radio"/> ACH/Direct Payment |
| <input type="radio"/> Personal L-O-C | <input type="radio"/> Monthly Loan Transfer |
| <input type="radio"/> New Vehicle | <input type="radio"/> Payment Booklet |
| <input type="radio"/> Used Vehicle | |

Member Paid Insurance:

- Vehicle-Transfer
- Share Secured
- Overdraft L-O-C
- Single - Disability
- Single - Life
- Joint - Life

Pre-approved loans are valid for a period not to exceed thirty days from the date of the approval. A pre-approval loan guarantees the term of the loans and the maximum amount to be financed as indicated on the loan application.

I/We understand that knowingly making a false statement or willingly overvaluing any land, property or security for the purpose of influencing the action of a federal credit union is a CRIME in violation of section 1014, Title 18, United States Code.

In considering this application, I/We authorize the Credit Union to request and use a report from outside reporting agencies. The Credit Union may also ask a reporting agency or agencies for other such reports in connection with renewal or continuation of the credit for which I/We are applying.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Stoneham Municipal Employees Federal Credit Union

40 Pine Street Stoneham, MA 02180 Phone: (781) 438-3959 WEBSITE: <http://www.smefcu.org>

For office use only:

Date: _____ Approved: _____
Disapproved: _____
Special Terms/Comments: _____