

MASTER CREDIT APPLICATION

Account No. _____



SGV
POSTAL CREDIT UNION

328 E. San Bernardino Rd.
P.O. Box 4337 • Covina, CA 91723 • (626) 915-3841

I REQUEST THE FOLLOWING LOAN(S):

- | | | |
|--|--|---|
| <input type="checkbox"/> VEHICLE, NEW | <input type="checkbox"/> BOATS, NEW | <input type="checkbox"/> USED MOBILE HOME |
| <input type="checkbox"/> VEHICLE, USED | <input type="checkbox"/> 1ST EQUITY | <input type="checkbox"/> CO-MAKER |
| <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> 2ND T.D. | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> R.V., NEW | <input type="checkbox"/> NEW MOBILE HOME | |

PAYMENT METHOD:

☒ PAYROLL DEDUCTION

☐ CASH PAYMENT

AUTO TRANSFER FROM:

☐ SAVINGS

☐ CHECKING

I AM APPLYING FOR \$ _____

PURPOSE AND COLLATERAL

CHECK THE BOX INDICATING THE TYPE OF CREDIT APPLIED FOR:

☐ INDIVIDUAL ACCOUNT

☐ JOINT ACCOUNT WITH SPOUSE

☐ JOINT ACCOUNT WITH SOMEONE OTHER THAN SPOUSE (CO-APPLICANT)

NOTICE: MARRIED APPLICANTS MAY APPLY FOR AN INDIVIDUAL ACCOUNT

A. APPLICANT

MARITAL STATUS: CHECK ONE if residing in or are relying on property in a community property state or if applying for secured credit or a joint account.

☐ MARRIED

☐ SEPARATED

☐ UNMARRIED

B. SPOUSE

Complete this section if (1) this is to be a joint account with spouse, (2) spouse will use this account, (3) you live in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington and Wisconsin) or (4) you are relying on spouse's income in applying for this account.

A. APPLICANT

| | | | | | |
|--|--|--|-------------------------------|-------------------------------|------------------------------|
| LAST NAME | | FIRST NAME | | INITIAL | |
| DATE OF BIRTH ____/____/____ | | SOCIAL SECURITY NUMBER ____-____-____ | | | |
| CURRENT STREET ADDRESS | | APT. NO. | YRS. : MOS. | RENT <input type="checkbox"/> | OWN <input type="checkbox"/> |
| CITY | | STATE | | ZIP | |
| HOME PHONE () _____ | | DRIVER'S LICENSE NO. | | STATE | |
| AGES OF DEPENDENTS | | | | | |
| FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 5 YRS) | | YRS. : MOS. | RENT <input type="checkbox"/> | OWN <input type="checkbox"/> | |
| CITY | | STATE | | ZIP | |

B. SPOUSE

| | | | | | |
|--|--|--|-------------------------------|-------------------------------|------------------------------|
| LAST NAME | | FIRST NAME | | INITIAL | |
| DATE OF BIRTH ____/____/____ | | SOCIAL SECURITY NUMBER ____-____-____ | | | |
| CURRENT STREET ADDRESS | | APT. NO. | YRS. : MOS. | RENT <input type="checkbox"/> | OWN <input type="checkbox"/> |
| CITY | | STATE | | ZIP | |
| HOME PHONE () _____ | | DRIVER'S LICENSE NO. | | STATE | |
| AGES OF DEPENDENTS | | | | | |
| FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 5 YRS) | | YRS. : MOS. | RENT <input type="checkbox"/> | OWN <input type="checkbox"/> | |
| CITY | | STATE | | ZIP | |

A. EMPLOYMENT

OCCUPATION. ORIGINAL COPY OF CURRENT CHECK STUB IS REQUIRED, IF SELF-EMPLOYED OR RETIRED, ATTACH LAST 2 YEARS INCOME TAX RETURN.

| | | | |
|------------------------------------|---|---|---------------|
| PRESENT EMPLOYER | | PHONE NO. () _____ | |
| ADDRESS (STREET, CITY, STATE, ZIP) | | | |
| POSITION/TYPE OF WORK | SHIFT | SUPERVISOR'S NAME | |
| GROSS SALARY \$ | <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY | <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY | DATE EMPLOYED |
| PREVIOUS EMPLOYER | | HOW LONG | |
| ADDRESS (STREET, CITY, STATE, ZIP) | | POSITION HELD | |

B. SPOUSE EMPLOYMENT

| | | | |
|------------------------------------|---|---|---------------|
| PRESENT EMPLOYER | | PHONE NO. () _____ | |
| ADDRESS (STREET, CITY, STATE, ZIP) | | | |
| POSITION/TYPE OF WORK | SHIFT | SUPERVISOR'S NAME | |
| GROSS SALARY \$ | <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY | <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY | DATE EMPLOYED |
| PREVIOUS EMPLOYER | | HOW LONG | |
| ADDRESS (STREET, CITY, STATE, ZIP) | | POSITION HELD | |

A. OTHER INCOME

YOU NEED NOT LIST INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE UNLESS YOU WISH IT CONSIDERED FOR PURPOSES OF GRANTING THIS CREDIT.

| | | |
|---------------------------|---|----------------------|
| TYPE OF OTHER INCOME | IS THIS INCOME PER COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | MONTHLY AMOUNT \$ |
| NAME AND ADDRESS OF PAYER | | EXPECTED DURATION |

B. SPOUSE OTHER INCOME

| | | |
|---------------------------|---|----------------------|
| TYPE OF OTHER INCOME | IS THIS INCOME PER COURT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | MONTHLY AMOUNT \$ |
| NAME AND ADDRESS OF PAYER | | EXPECTED DURATION |

A. REFERENCES (NOT LIVING WITH YOU)

| | | |
|--------------------------------------|----------------------------|---------------------------|
| NEAREST RELATIVE NAME / RELATIONSHIP | (STREET, CITY, STATE, ZIP) | PHONE NUMBER () _____ |
| RELATIVE NAME / RELATIONSHIP | (STREET, CITY, STATE, ZIP) | PHONE NUMBER () _____ |
| PERSONAL REFERENCE NAME | (STREET, CITY, STATE, ZIP) | PHONE NUMBER () _____ |

CONTINUED ON REVERSE SIDE

LOANS AND OBLIGATIONS (including spouse)

| Name of Creditor | Address | | Present balance | Monthly payment |
|--|---------|----------------|-----------------------|-----------------|
| Landlord <input type="checkbox"/> Leasing <input type="checkbox"/> Renting | | | | \$ |
| Mortgage holder | | Year purchased | Original amount \$ | |
| 2nd mortgage on home | | | Original amount \$ | |
| Auto | | | Year Make | |
| 2nd car | | | Year Make | |
| Alimony | | | | |
| Child support/child care | | | | |
| Credit cards / creditors | | | Account No. | |
| Credit cards / creditors | | | Account No. | |
| Credit cards / creditors | | | Account No. | |
| Other | | | Account No. | |
| Other | | | Account No. | |

ARE ALL DEBTS LISTED? ☐ Yes ☐ No List additional creditors on a separate sheet.

Have you or spouse ever filed a petition for Chapter 13, Bankruptcy? ☐ Yes ☐ No Year filed _____

Have you or spouse ever filed a petition for Chapter 7, Bankruptcy? ☐ Yes ☐ No Year filed _____

Have you or spouse ever filed a petition for Chapter 11, Bankruptcy? ☐ Yes ☐ No Year filed _____

Are any suits pending, judgements unsatisfied, alimony or maintenance awards against you or spouse? ☐ Yes ☐ No

Ever had any auto, furniture or other property repossessed? ☐ Yes ☐ No

Do you or spouse have any past due bills? ☐ Yes ☐ No

Are you or spouse a co-maker or endorser on another person's note or loan? ☐ Yes ☐ No Name _____ Amt \$ _____ Pymt \$ _____

| TOTAL OWED | TOTAL PAYMENTS |
|------------|----------------|
| \$ | \$ |

If you answer yes to any question explain on a separate sheet.

| ADDITIONAL REAL ESTATE PROPERTY | YEAR PURCHASED | ORIGINAL BALANCE | HOLDER OF MORTGAGE | NO. OF UNITS | INCOME |
|---------------------------------|----------------|------------------|--------------------|---------------|---------------|
| | PURCHASE PRICE | PRESENT BALANCE | MONTHLY PAYMENT | UPKEEP/ANNUAL | PRESENT VALUE |

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

A. APPLICANT

DEPOSIT ACCOUNTS. INCLUDE CHECKING / SAVINGS AT BANK, CREDIT UNIONS AND SAVINGS & LOAN ASSOCIATIONS.

| TYPE | NAME & LOCATION | ACCOUNT NO. | APPROX. BALANCE |
|----------|-----------------|-------------|-----------------|
| CHECKING | | | \$ |
| SAVINGS | | | \$ |

DESCRIPTION (STOCKS, BONDS, ETC.) _____

The Credit Union is authorized to check my/our credit, employment history, obtain a credit report and to answer questions about its credit experience with me/us. I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. I/We present this information truly and correctly stated to the best of my/our knowledge and for the purpose of obtaining credit from the Credit Union. I understand that you will retain this application whether or not credit is approved.

X

Applicant's signature

Date

X

Spouse signature

Date

LOAN OFFICER / CREDIT MANAGER ACTION

☐ I approve the loan as submitted

☐ I reject the loan as submitted for the following reason(s) _____

☐ The following counter offer will be made to applicant _____

_____ ECOA Notice sent: Date _____ By _____

Loan Officer Signature _____ Date _____

Credit Manager Signature _____ Date _____