

PERSONAL LOAN APPLICATION

7181 Seneca Street, East Aurora, NY 1405 (716) 655-2360 - Fax: (716) 655-1675

(716) 655-2360 - Fax: (716)	655-1675						MEMBER NUM	BER		DATE				
Applicant Information PRINT OR TYPE ALL INFORMATION						Spouse/Co-Applicant Information								
1. If You live in a community property state, are You: □ Married □ Separated □ Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for individual credit. Indicate if You would like: □ Individual Credit □ Joint Credit with Your Spouse/Co-Applicant 3. Method of Payment: □ Payroll Deduction □ Automatic Share Transfer □ Cash Payment						4. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant; b. Your Spouse will use Your Account; c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico). 5. Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.								
Credit Applied For: Type of credit						Amount Reques	2 hats							
Purpose						Amount Requested \$ Collateral Offered								
APPLICANT/CO-SIG	NER/GUAI	RANTOR	!			SPOUSE/CO-AF	PPLICANT	-						
FIRST NAME INITIAL LAST						FIRST NAME INITIAL LAST NAME								
SOCIAL SECURITY NUMBER	AL SECURITY NUMBER		BIRTHDATE			SOCIAL SECURITY NUMBER			BIRTHDATE					
CURRENT STREET ADDRESS			IO. YEAR	STHERE		CURRENT STREET ADDRESS			APT. NO	YEARS THERE				
CITY			ZIP			CITY	STATE	ZIP	ZIP					
EMAIL ADDRESS		EMAIL ADDRESS												
FORMER ADDRESS (COMPLETE IF PRE	EVIOUS ADDRESS IS	LESS THAN 2 YE	EARS)	YEARS THERE		FORMER ADDRESS (COMPLET	TE IF PREVIOUS AL	DDRESS IS LES	S THAN 2 YEAR	RS)	YEARS THERE			
HOME PHONE CELL PHONE			SECONDA	ARY PHONE		HOME PHONE CELL PHONE			Si	HONE				
DO YOU:			NO. OF DEF	P. AGES OF DEPENDENT	rs	DO YOU:	MOTHER'S MAIDEN NA		ME NO.	OF DEP. AG	ES OF DEPENDENTS			
NAME, ADDRESS AND TELEPHONE OF NAME, ADDRESS AND TELEPHONE OF						NAME, ADDRESS AND TELEPHONE OF NEAREST FRIEND/RELATIVE NOT LIVING WITH YOU NAME, ADDRESS AND TELEPHONE OF OTHER NEARBY FRIEND/RELATIVE NOT LIVING WITH YOU								
EMPLOYMENT AND INCOME If self-employed, attach financial statement or incurrent employer (INCLUDE EMPLOYEE I.D. IF APPLICABLE) EMPLOYMENT DATE					or inco	CORRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) EMPLOYMENT DATE								
ADDRESS/CITY/STATE/ZIP SUI			PERVISOR'	S NAME		ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME						
WORK TELEPHONE PO	NE POSITION			GROSS INCOME		WORK TELEPHONE	POSITION		L	MO. GROSS INCOME				
FORMER EMPLOYER POSITION			•	YEARS THERE		FORMER EMPLOYER	PO	POSITION			YEARS THERE			
OTHER INCOME You need not list income from alimony, child support or separate management of the support of the					maint	aintenance payments unless You want it considered in evaluating this credit application. TYPE OF OTHER INCOME MONTHLY AMOUNT								
NAME AND ADDRESS OF PAYER			•			NAME AND ADDRESS OF PAYI	ER		•					
ASSETS AND DEPO	SITS Attach a				_						1			
DESCRIPTION AC		ACCOUNT NUMBER/TYPE		E BALANCE/VALUE		DESCRIPTION	N	ACCOUNT NUMBER		E BA	LANCE/VALUE			

С	RE	DIT	INFORMATION Please list all open accounts with	ch separate sheet if necess		nt/Co-Signer/Gua		pouse	e/Co-A	pplica	ant				
	LEAS HEC	K	LENDER (OR OTHER) NAME & ADD LIST ALL OBLIGATIONS INCLUDING CREDIT U					ACCOUNT NUMBER	INTEREST RATE				CE MONTHLY PAYMENT		
							_								
Please answer the following questions. If a yes answer is given, explain on attached sheet.			YES NO		YES	C _{NO}		TOTAL	_S						
Have You filed a petition for bankruptcy in the last 10 years?			120	110	120	110	Please Check: A=Ap	oplicant/Co-Signer	/Guarantor C=C	o-Applicant	YES	I NO		C NO	
2. Have You ever had any auto, furniture or property repossessed?		ever had any auto, furniture or property repossessed?					6. Have You any Obligations not listed?								
3. Are You a co-maker or co-signer on any loan?						7. Do You have any past due bills?						<u> </u>			
For Whom Amount \$						8. Is any income You have listed likely to reduce in the next 2 years?									
Have You ever had credit in any other name? What name							_	9. Indicate immigration status: Applicant □ U.S. Citizen □ Permanent U.S. Resident □ Other							
Have You any suits pending, judgments filed, alimony or support awards against You?							Co-Applicant U.S. Citizen Permanent U.S. Resident Other								
0	OPTIONAL CREDIT INSURANCE An appropriate application/disclosure will be furnished at the time Your credit is approved.														
			P	LEAS	SE CH	IECK	ONE	OF THE BOXES BEL	OW.						
								in Credit Insurance □	_						
You are not interested in Credit Insurance ☐ SIGNATURES															
You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and															
agents to investigate and verify any information provided to Us by You. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature															
You hereby acknowledge Your intent to apply for joint credit															
Applicant's Initials Co-Applicant's Initials															
	x							x							
,	Signa	gnature of Applicant/Co-Signer/Guarantor						Signature of Spouse	/Co-Applicant			D	ate		
								OFFICER							
_		-16 -			LOAN	N APP	ROVE	D YES NO							
SPECIFIC REASON(S) FOR REJECTION/APPROVAL APPROVING LOAN OFFICER SIGNATURE					DATE CREDIT LIMIT \$ OTHER APPROVED 0						VED CREDIT I	IMIT	<u> </u>		
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	l EC	OA N	OTICE AND REASON FOR REJECTION OR UNACCEPTE	ED CO	UNTE	R OF	FER S	 ENT OR DELIVERED ON	<u> </u>	(DATE) BY	,				
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