

## PERSONAL LOAN APPLICATION REQUIREMENTS

Name \_\_\_\_\_ Account Number \_\_\_\_\_

In order to be considered for a loan, the following are needed:

1	Completed Application
2	Signed Credit Report Inquiry Release
3	Copy of a valid U.S. Government issued photo ID (i.e. Driver's License or Passport, Green Card if non-citizen)
4	Copy of 2 most recent paystubs
5	If self-employed, a copy of the most recent signed Income Tax Return
6	Steady employment for at least 12 months

If no or limited credit, please have a co-maker fill out an additional application.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**UKRAINIAN SELFRELIANCE  
FEDERAL CREDIT UNION**  
1729 Cottman Avenue  
Philadelphia, PA 19111

Return completed application to credit union  
An incomplete or unsigned application may delay processing

**Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:  
1. You live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI).  
2. Your spouse will use the account, or  
3. You are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.  
**Joint Credit:** Each applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Account Number: _____	Amount Requested \$ _____
	Purpose/Collateral _____

**Applicant** **Other:**  Co-Applicant  Spouse  Guarantor

NAME (Last - First - Initial)	MOTHER'S MAIDEN NAME	NAME (Last - First - Initial)	MOTHER'S MAIDEN NAME
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ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
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DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude self)	DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude self)
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BIRTH DATE PHONE/EXT.	HOME PHONE	BUSINESS	BIRTH DATE PHONE/EXT.	HOME PHONE	BUSINESS PHONE/EXT.
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E-MAIL ADDRESS	E-MAIL ADDRESS
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PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRESENT ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	YEARS AT THIS ADDRESS		YEARS AT THIS ADDRESS

PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PREVIOUS ADDRESS (Street - City - State - Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	YEARS AT THIS ADDRESS		YEARS AT THIS ADDRESS

COMPLETE FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	COMPLETE FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)

<b>Employment/Income</b>	<b>Employment/Income</b>
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF EMPLOYE

TITLE/GRADE	START DATE	HOURS AT WORK	TITLE/GRADE	START DATE	HOURS AT WORK
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SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS	SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
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**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED

EMPLOYMENT INCOME	OTHER INCOME
\$ _____ PER _____	\$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

EMPLOYMENT INCOME	OTHER INCOME
\$ _____ PER _____	\$ _____ PER _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

**MILITARY:** IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

**MILITARY:** IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?  YES  NO  
WHERE \_\_\_\_\_ ENDING/SEPARATION DATE \_\_\_\_\_

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**Applicant Reference**  
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**Other Reference**  
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

What You Owe	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet (s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					Applicant	Other
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE (INCLUDE TAX AND INS.)			\$	\$		
2nd MORTGAGE			\$	\$		
1st AUTO LOAN			\$	\$		
2nd AUTO LOAN			\$	\$		
CHILD-CARE			\$	\$		
CHILD SUPPORT			\$	\$		
CREDIT CARD			\$	\$		
CREDIT CARD			\$	\$		
OTHER			\$	\$		
OTHER			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:		TOTALS	\$	\$		

What You Own	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN		OWED BY	
			YES	NO	Applicant	Other
HOME		\$				
AUTO		\$				

Applicant's Signature

Co-Applicant's Signature

**Ukrainian Selfreliance Federal Credit Union**

**CREDIT REPORT INQUIRY RELEASE**

I certify that all information given in this application and on any attachment, both written or printed is true and correct to the best of my knowledge, and represents my current financial conditions accurately, and that I have no other debts other than those stated. It is agreed that the application shall be the property of the credit union whether or not this loan is granted. If there are important changes, I will notify the credit union in writing immediately.

I understand that my false statements, or willful overvaluation of any land, property or security, for the purpose of influencing in any way the action of any Federal Credit Union upon any loan application, is a violation of Section 1014, Title 18, U.S. Code.

I authorize the credit union to gather whatever credit information that is considered necessary to appropriate.

In considering this application, the credit committee/loan officer may request, and use a report from outside credit report agencies. They 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.

I authorize the credit union to give information concerning its credit experience with myself to others.

If this application is signed by more than one person, the word "I" shall mean all those who sign the application.

x \_\_\_\_\_  
Applicant's Signature                      Date

x \_\_\_\_\_  
Spouse/Co-Applicant Signature      Date

x \_\_\_\_\_  
Witness