



## LOAN APPLICATION INSTRUCTIONS

### **Completing the form:**

- ▶ This form can be printed and completed by hand.

### **Returning the form to SJBFCU:**

- ▶ You can **fax** it back to SJBFCU at (508) 672-8300.
- ▶ You can **hand carry** the form to our main office.
- ▶ You can **mail** the form to:  
**SJB Federal Credit Union**  
1101 Stafford Road  
Fall River, MA 02721  
Attention: Loan Department
- ▶ Or, you can visit our main office and complete the form with one of our Loan Officers.

---

Should you have any questions please feel free to call us at (508) 672-6575, or send an email to [loans@sjbfcu.com](mailto:loans@sjbfcu.com).

**LOAN TYPE**

- AUTO/NEW**
- PERSONAL LOAN**
- 1<sup>ST</sup> MORTGAGE**
- 2<sup>ND</sup> MORTGAGE**
- PASSBOOK LOAN**
- AUTO/USED**
- H.E.L.P.**
- PLEASURE VEH.**
- 



**LOAN APPLICATION**

ACCOUNT NO.	
NOTE NO.	
Share Balance	
Loan Balance	
Loan Status	

**[Check appropriate box] Are you:**

- Applying for this loan in your own name?
- Applying for joint credit with another person?
- Applying for individual credit but relying on income from alimony, child support or separate maintenance or on the income or assets of another person?

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| LIFE INSURANCE ONLY              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ACCIDENT/HEALTH INSURANCE ONLY   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| LIFE ACCIDENT & HEALTH INSURANCE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

INTEREST \$ \_\_\_\_\_  
 TOTAL NOTE \$ \_\_\_\_\_  
 INTEREST RATE (APR) \_\_\_\_\_

I/We hereby apply for a loan of \$ \_\_\_\_\_ For a period of \_\_\_\_\_  
 weeks  bi-weekly  weekly  
 months, to be paid  semi-monthly  monthly

by installments of \$ \_\_\_\_\_  
 each including interest: CL \$ \_\_\_\_\_  
 each plus interest: and the balance of payment credited to my share account. CDI \$ \_\_\_\_\_

I/We desire this loan for the following purpose (explain fully): \_\_\_\_\_

Comakers or security officered \_\_\_\_\_

B  
O  
R  
O  
W  
E  
R

FIRST		INITIAL		LAST NAME			SOCIAL SECURITY NO.	
DATE OF BIRTH			NO. OF DEPENDANTS		TEL. NO.			
RESIDENCE ADDRESS (PRINT)			CITY	STATE		ZIP	HOW LONG YRS.   MOS.	
MAILING ADDRESS IF DIFFERENT FROM ABOVE				YEARS IN LOAN RADIUS		FROM WHAT CITY		
LANDLORD OR MORTGAGE HOLDER (INCLUDE ADDRESS)			ORIG. LOAN \$	MORTGAGE BAL. \$	CURRENT VALUE \$	RENT OR HOUSE PMT. \$		
PREVIOUS ADDRESS (IF PRESENT LESS THAN 5 YEARS)			HOW LONG YRS.	2 <sup>ND</sup> PREVIOUS ADDRESS			HOW LONG YRS.	
OCCUPATION		EMPLOYER		ADDRESS				
SALARY (GROSS) \$	TAKE HOME \$	DEPT.		TEL. NO. (INCL. EXT.)		HOW LONG YRS.   MOS.		
PREV. OCC.	EMPLOYER (IF PRESENT LESS THAN 3 YEARS)		ADDRESS			HOW LONG YRS.   MOS.		
PREV. OCC.	EMPLOYER		ADDRESS			HOW LONG YRS.   MOS.		

C  
O  
-  
B  
O  
R  
O  
W  
E  
R

FIRST		INITIAL		LAST NAME			SOCIAL SECURITY NO.	
DATE OF BIRTH			NO. OF DEPENDANTS		TEL. NO.			
RESIDENCE ADDRESS (PRINT)			CITY	STATE		ZIP	HOW LONG YRS.   MOS.	
LANDLORD OR MORTGAGE HOLDER (INCLUDE ADDRESS)				ORIG. LOAN \$	MORTGAGE BAL. \$	ESTIMATED VALUE \$	RENT OR HOUSE PMT. \$	
PREVIOUS ADDRESS (IF PRESENT LESS THAN 3 YEARS)			HOW LONG YRS.	2 <sup>ND</sup> PREVIOUS ADDRESS			HOW LONG YRS.	
OCCUPATION		EMPLOYER		ADDRESS				
SALARY (GROSS) \$	TAKE HOME \$	DEPT.		TEL. NO. (INCL. EXT.)		HOW LONG YRS.   MOS.		

**Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered as a basis for repaying this loan.**

INCOME FROM OTHER SOURCES BORROWER (Explain)			INCOME FROM OTHER SOURCES CO-BORROWER (Explain)		
\$	MTHLY.		\$	MTHLY.	
SAVGS. ACCT. #	BANK	\$	SAVGS. ACCT. #	BANK	\$
CKG. ACCT. #	BANK	\$	CKG. ACCT. #	BANK	\$

The following are all of the loans I presently owe, including alimony, child support, or separate maintenance payments, which I am obligated to pay.  
(Complete additional sheet if necessary.)

**BORROWER**

Name of C.U., Bank, Company or Individual	Acct. #	Orig. Amt.	Bal.	Pymt.	Coll.
<b>TOTAL</b>					

**CO-BORROWER**

Name of C.U., Bank, Company or Individual	Acct. #	Orig. Amt.	Bal.	Pymt.	Coll.
<b>TOTAL</b>					

**NEAREST RELATIVE (other than spouse)**

NAME	ADDRESS	RELATIONSHIP
<b>BORROWER</b>		
<b>CO-BORROWER</b>		

**BORROWER**

Are you a co-maker, endorser, or guarantor on any loan or contract on loans other than listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "yes" for Whom?	To whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount \$	If "yes" to whom owed?
Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "yes" where?	Year

**CO-BORROWER**

Are you a co-maker, endorser, or guarantor on any loan or contract on loans other than listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "yes" for Whom?	To whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount \$	If "yes" to whom owed?
Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "yes" where?	Year

**I/We represent that the statements contained in this application are true and correct. I/We agree to notify the Credit Union of material change in this statement. I/We authorize anyone referred to herein to furnish the C.U. with such information as may be required in connection with this application and agree that the application remain the property of the C.U. whether or not credit is granted. The C. U. will not deny or terminate credit or services or adversely affect an individual's credit for the following reasons:**

- On the basis of race, color, religion, national origin, sex, marital status, or age [provided the applicant has the legal capacity to enter a binding contract],**
- Because income is from public assistance,**
- Because a right was exercised under the Consumer Credit Protection Act.**

Date \_\_\_\_\_ Signature of Borrower \_\_\_\_\_  
Signature of Co-Borrower \_\_\_\_\_

Send fax to FJB Federal Credit Union fax number: (508) 672-8300

Or mail to:  
SJBFCU  
1101 Stafford Road  
Fall River, MA 02721