



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.

LOAN TYPE

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

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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	2 ND PREVIOUS ADDRESS	
	YRS.	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.	

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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	2 ND PREVIOUS ADDRESS	
	YRS.	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.
TOTAL					

CO-BORROWER

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

NEAREST RELATIVE (other than spouse)

NAME	ADDRESS	RELATIONSHIP
BORROWER		
CO-BORROWER		

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