

# Family 1st Federal Credit Union

917 Moravia Street  
New Castle, Pa 16101

Phone (724) 656-8420  
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More information may be  
required for proper processing

www.family1stfcu.com

## A. Loan Information

### Type of Loan

- Personal  
 Share Secured  
 New Auto, Boat, Bike  
 Used Auto, Boat, Bike



Account Number \_\_\_\_\_  
Amount Requested \_\_\_\_\_  
Term \_\_\_\_\_  
Old Loan Balance, if any \_\_\_\_\_  
Yr, Make, & Model of Auto \_\_\_\_\_  
Loan Purpose \_\_\_\_\_

Consolidated Loan  Yes  No  
Credit Disability Insurance  Yes  No  
Credit Life Insurance  Yes  No

**PROOF OF INCOME:** Shall be most recent payroll stub. If retired - proof of social security or pension required. If self-employed - most recent income tax statement required.

## B. Applicant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Years at Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_  
Position \_\_\_\_\_ Time There \_\_\_\_\_  
Other Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Total Monthly Wage \$ \_\_\_\_\_  Annual  Bi-Weekly  Weekly  Gross  Net  
 Own  Rent Monthly Payment \_\_\_\_\_ Balance of Mortgage \_\_\_\_\_  
Landlord or Mortgage Holder Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of reference not living with you \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of 2nd reference not living with you \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Dependents (excludes self) \_\_\_\_\_ Ages \_\_\_\_\_

## C. Credit Information

Please list all credit and installment loans you now hold. Please use back or another sheet of paper if necessary.

Applicant	Credit Reference	Balance	Mo. Payment	Applicant	Credit Reference	Balance	Mo. Payment
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

You do not have to include income from alimony, child support, or separate maintenance if you don't want us to consider that income.

## D. Miscellaneous Information

Are there any other persons obligated on any of the above loans?  Yes  No  
Which ones and who? \_\_\_\_\_  
Are you a co-maker, co-signer, or guarantor on any loan?  Yes  No  
For whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
Have you been declared bankrupt in the last 14 years?  Yes  No

## E. Signatures

I authorize you to investigate my credit record, to check statements I've made, to report your credit experience with me and to keep the application. ALL INFORMATION SET FORTH IN THIS APPLICATION IS DECLARED TO BE A TRUE REPRESENTATION OF THE FACTS FOR THE PURPOSE OF OBTAINING THE CREDIT REQUESTED AND ANY WILLFUL MISREPRESENTATION ON THIS APPLICATION COULD RESULT IN CRIMINAL ACTION.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Co-applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

