

 St Francis FCU Consumer Loan Application	Member #	121 Sumner Street - Greenville, SC 29601 Phone (864)255-1660 - Fax (864)255-1699 Email: GVLCreditUnionLending@bshsi.org Website: www.StFrancisFCU.org
	Amount Requested: \$	Purpose of Loan (What for will you use the funds received?):

Individual Credit: Complete Applicant Section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or your spouse will use the account. (2) Information about the party making the payments if you are relying on alimony, spousal support or separate/spousal maintenance as a basis for repayment.

Joint Credit: Provide information about both of you by completing Applicant and Co-Applicant sections. NOTE: **Joint Applicant MUST be eligible for membership to apply. If not already a member, you MUST provide additional documents, please call us for more details. If this loan request is approved, you will be required to become a member prior to funding the loan.**

Full Legal Name of Co-Applicant: _____

Applicant - ALL FIELDS ARE REQUIRED - Marital Status: Married Unmarried Separated

Name (Last, Suffix, First, M.I.)

Total Number of People at the Home Including Yourself:	Employment - ALL FIELDS ARE REQUIRED
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Social Security Number:	Work Phone and Extension:
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Primary Contact Number (cell):	Start Date:	Total Years in Current Field:
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Email Address:	Income: MUST provide your <u>most recent</u> pay voucher showing Year-to-Date figures.
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Date of Birth:	Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other, Explain _____
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Years at current address:	Rent/Mortgage Payment \$ _____
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Primary Transportation - ALL FIELDS ARE REQUIRED	Additional Vehicle:
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Year	Make	Model	Year	Make	Model
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Mileage:	Color:	Mileage:	Color:
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VIN:	VIN:
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Financed? <input type="checkbox"/> No <input type="checkbox"/> Yes, Lender:	Financed? <input type="checkbox"/> No <input type="checkbox"/> Yes, Lender:
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Are there any additional vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No	Usually driven by (relationship to you)
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References (NOT living with you) - MINIMUM 2 REQUIRED	References (NOT living with you)
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Name (Last, Suffix, First, M.I.)	Name (Last, Suffix, First, M.I.)
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Street Address:	Street Address:
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City:	State:	ZIP:	City:	State:	ZIP:
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Phone:	Relationship:	Phone:	Relationship:
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Email:	Email:
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Must complete page 2

Please answer each of the questions below. REQUIRED		
	Applicant	Explanation (as needed)
Are you a U.S. Citizen or Permanent Resident Alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on FMLA (or planning to be)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any judgments or liens against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a co-signor on any other loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any alimony, support or maintenance awards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had any property repossessed or foreclosed upon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination requires that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: For any provision of any marital property agreement, court decree order section 766.70, or statement under section 766.59 to adversely affect the rights of the Credit Union, the Credit Union must be provided with a copy of the Agreement, decree or statement or have actual knowledge of its terms before any credit is approved or account opened. Sign if you are NOT applying for this loan account with your spouse. This credit request, if approved, will be incurred in the interest of the marriage or family of the undersigned.

Signature (Wisconsin Resident Only) _____ Date _____

SIGNATURE OF APPLICANT – READ CAREFULLY BEFORE SIGNING. PER YOUR MEMBERSHIP AGREEMENT AND/OR LOAN AGREEMENTS WITH US YOU GIVE US A SECURITY INTEREST IN YOUR ACCOUNTS AND CERTAIN OTHER PROPERTY PLEDGED AS DESCRIBED IN SAID AGREEMENTS

You agree and attest that the information stated in this Consumer Loan Application whether oral, written, or through a FAX machine or email, are true and correct to the best of your knowledge. You will notify the Credit Union in writing immediately of any changes in your name, address, email address or employment. Each applicant, authorized, guarantor, co-signer user or other party signing below, (together herein referred to as “applicant(s)”) hereby makes application for the account(s) / services / loan(s) indicated. Each applicant consents that the Credit Union may undertake to make inquiries or verify the information in this or in any way related to this Application; or to make inquiry or verify eligibility for any account(s), loan(s) and service(s) now and in the future, including adjustment of credit limits. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit reports. Applicants specifically consent that the Credit Union may report information concerning their account(s).services to others; and that we may provide the reasons should we determine you to be ineligible for any services to the other applicants. This includes, but is not limited to information in any credit report(s). You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this Application shall be the Credit Union property whether or not this Credit Application is approved. By submitting this application by facsimile or electronically, I/we agree to the same terms that apply to a signed application. If there is a co-applicant on this loan, that co-applicant has authorized the submission of this application. This facsimile or electronic submission qualifies as my/our signature(s). It is understood that I/we will have to sign loan documents before funds can be disbursed.

How did you hear about us? (please check one)

Website Online Banking Mobile App Hospital Intranet/newsletter e-Mail
 Co-Worker or Family Member _____ (full name) Credit Union Emp _____ (name)

Applicant’s Signature - REQUIRED	Date	SECURITY AGREEMENT AND PLEDGE. By signing this application, acceptance or authorized use of any credit card(s) issued, I/we pledge our shares as defined by our Membership Agreement to secure payment of my/our obligations on this account. <u>Additional Security:</u> I/we understand that collateral securing other loans will secure this account; and that property purchased with my/our credit card(s) will also secure this account.
Co-Applicant’s Signature (as applicable)	Date	

CREDIT ACTION (Credit Union Personnel Usage ONLY)

Approved – Amount _____ Loan Officer Signature _____ Date _____
 Denied – See attached Adverse Action for reason(s) - Mgmt Sign (as applicable) _____ Date _____