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## **Unsecured Loan Application**

Section I: Cree	dit Reque	est									
You are applyir account. Check								ed applicar	nts may apply for a separate		
Individual	Credit [	Join	t Credit								
Amount:	t: Term:					Joint Credit only:					
Purpose (please	Purpose (please provide a detailed explanation):					Joint applicant is a: Cosigner Comaker					
	-		-			Joint	applicant nan	ne:			
						Joint applicant email:					
Section II: Ap	plicant Ir	nforma	tion								
Name:				Email:							
Birth Date:	: SSN:			SFCU Account Number:							
Mother's Maide	Mother's Maiden Name:				Home	e Phone:	:	Bus	siness Phone:		
Local Address:		(Street)				(City)	(Sta	te)	(Zip)		
Permanent Add	lress:										
		(Street)				(City)	(Sta	te)	(Zip)		
Employer 1:											
Address:		(Street)				(City)	(Sta	te)	(Zip)		
Position:				Gross Pay:				Date Sta	rted/Starting:		
Will this job co	ntinue for	r the ter	m of the	loan? If not, pl	lease list	the exp	ected duration	ı.			
Employer 2:							Supervisor:				
Address:											
(Street)				(City)	(Sta	(State) (Zip)					
Position:	Position: Gross Pay:				Date Sta				rrted/Starting:		
Will this job co	ontinue for	r the ter	rm of the	loan? If not, pl	lease list	the exp	ected duration	n.			
Summer Emplo	oyer (if ap	plicable	2):				Supervisor:				
Address:		(Street)				(City)	(Sta	ıte)	(Zip)		
Position:				Gross Pay:				Date Sta	arted/Starting:		
									accounts, etc. and attach copies of considered in determining your credit		
	Source					Amou	nt				
	1 2										
	3										

	Name of Depo	Name of Depository		Type of Account (ex. savings, checking, money market, etc.)				Current Balance		
erty Own	ned: Please provide co	pies of titles as verific	ation.							
	Туре			Market Value				Pledged as Collateral for Another Loan (Yes/No)		
it Cards:	Please provide statem	ents for the last 2 mo	nths as	verificatio	n.					
	editor	Credit Limit	Curr Balar	ent	t Date of Next			erage Monthly vment	If past due √	
			Dulu	100	-		1 4			
s										
	ditor	Type (ex. studer loan, unsecured loan, etc.)	nt	: Principal		l Date of First/Next Payment		Monthly Payment	If past due √	
	enses: Please estimat m of a notarized letter	r from that party.		any expen. pense	se is po	aid by anothe	er part	y, you must show pr If none, list the who foots the e	person	
	Rent/Housing									
	_									
	Food									
	Food Bursar Bill									
	Food									

Additional Information: Please check where applicable. If you answer yes to any question other than #7 and #8, please explain on an attached sheet.

	Yes	No
Do you have any outstanding judgements?		
Have you ever filed for bankruptcy or had a debt adjustment plan confirmed under chapter 13?		
Have you had property foreclosed upon or repossessed in the last 7 years?		
Are you a party in a lawsuit?		
Is your income likely to decline in the next 2 years?		
Are you a comaker, cosigner, or guarantor on any loan not listed above?		
Are you a US citizen or permanent resident alien?		
Are you a member of the Army, Navy, Marine Corps, Air Force, or Coast Guard currently serving on active duty, or a member serving on Active Guard and Reserve duty; or a dependent of a person who qualifies for the aforementioned description?		

Disclosure:

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the SFCU to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the SFCU will rely on the information in this application and your credit report to make its decision. If you request, the SFCU will tell you the name and address of any credit bureau from which it received a credit report on you. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by the NCUA.

Applicant's Signature:

Applicant's Signature

Date