

## APCI Federal Credit Union Loan Application

- Please **fax** the completed application to us at **610-481-7559** - **DO NOT E-MAIL** this application to us.
- If applying for a **Home Equity or Auto Loan** and you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), spouse information is required in the co-applicant section.
- Applicants for **auto loan financing** will be contacted by the loan department within approximately 1 hour after the completed application is received by the Credit Union.
- Applicants for **other loans** will be contacted by the loan department within 24 - 48 hours after the completed application is received by the Credit Union.

ACCOUNT # <input style="width: 100%;" type="text"/>	CONTACT PHONE # <input style="width: 100%;" type="text"/>	BEST TIME TO REACH YOU <input style="width: 100%;" type="text"/>	AMOUNT REQUESTED <input style="width: 100%;" type="text"/>
LOAN TYPE <input type="checkbox"/> Auto <input type="checkbox"/> Signature <input type="checkbox"/> Home Equity	TERM <input style="width: 50%;" type="text"/>	METHOD OF PAYMENT <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Monthly Payment	OPTIONAL CREDIT INSURANCE <input type="checkbox"/> None <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Disability
LOAN PURPOSE <input style="width: 100%;" type="text"/>			

### ApplicantApplicant

FIRST	M.I.	LAST	Sr., Jr., I, II
<input style="width: 100%;" type="text"/>			
SOCIAL SECURITY	BIRTH DATE	DRIVERS LICENSE NO./STATE	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
CURRENT STREET ADDRESS	APT. NO.	SINCE (Mo Yr)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
CITY	STATE	ZIP CODE	COUNTY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DO YOU	HOME TELEPHONE (Incl. Area Code)	NO OF DEP	AGE OF DEPENDENTS
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Pay Board	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FORMER ADDRESS (STREET, CITY, STATE, ZIP)			YEARS THERE
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
NAME, ADDRESS (Street, City, State, Zip) AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
<input style="width: 100%;" type="text"/>			

### Employment and Income

If self employed or retired, attach financial statement and/or income tax return

CURRENT EMPLOYER (Include employee I.D. if applicable)	EMPLOYMENT DATE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ADDRESS (Street, City, State, Zip)	
<input style="width: 100%;" type="text"/>	
TELEPHONE	POSITION
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FORMER EMPLOYER	POSITION
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	YEARS THERE
	<input style="width: 100%;" type="text"/>
	MO. GROSS INCOME (No O.T.)
	<input style="width: 100%;" type="text"/>

### Other Income

(You need not list income from alimony, child support or separate maintenance payments unless you want it considered in evaluating this application Other income can include pension, S.S. and/or part-time employment.)

TYPE OF OTHER INCOME	NAME AND ADDRESS OF PAYOR	MONTHLY AMOUNT
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### Co - ApplicantApplicant

FIRST	M.I.	LAST	Sr., Jr., I, II
<input style="width: 100%;" type="text"/>			

SOCIAL SECURITY  BIRTH DATE  DRIVERS LICENSE NO./STATE

CURRENT STREET ADDRESS  APT. NO.  SINCE (Mo Yr)

CITY  STATE  ZIP CODE  COUNTY

DO YOU  Own  Rent  Pay Board HOME TELEPHONE (Incl. Area Code)  NO OF DEP  AGE OF DEPENDENTS

FORMER ADDRESS (STREET, CITY, STATE, ZIP)  YEARS THERE

NAME, ADDRESS (Street, City, State, Zip) AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU

**Employment and Income**

If self employed or retired, attach financial statement and/or income tax return

CURRENT EMPLOYER (Include employee I.D. if applicable)  EMPLOYMENT DATE

ADDRESS (Street, City, State, Zip)

TELEPHONE  POSITION  MO. GROSS INCOME (No O.T.)

FORMER EMPLOYER  POSITION  YEARS THERE

**Other Income**

(You need not list income from alimony, child support or separate maintenance payments unless you want it considered in evaluating this application Other income can include pension, S.S. and/or part-time employment.)

TYPE OF OTHER INCOME  NAME AND ADDRESS OF PAYOR  MONTHLY AMOUNT

**Assets and Deposits**

Include checking,savings,credit unions,savings & loans

A= Applicant C= Co-Applicant

A	C	TYPE	NAME OF DEPOSITORY	ACCOUNT #	APPROX. BALANCE
<input type="checkbox"/>	<input type="checkbox"/>	CHECKING	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	SAVINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	OTHER ASSETS (401K,Savings,Etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAR 1 - YEAR - MAKE -  BALANCE OWED  IF LEASE CHECK HERE:

MODEL

CAR 2 - YEAR - MAKE -  BALANCE OWED  IF LEASE CHECK HERE:

MODEL

**Credit Information**

Be sure to list all debts with or without a balance.

A= Applicant C= Co-Applicant D= Debts to be paid off

A	C	D	MORTGAGE (Including Tax and Insurance)	NAME OF MORTGAGE HOLDER	ESTIMATED VALUE \$	ORIGINAL MORTG. \$	MORTG. BALANCE \$	MONTHLY PAYMENT \$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		NAME(S) ON DEED <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			FINANCIAL OBLIGATIONS	NAME & ADDRESS OF CREDITORS (Street, City, State, Zip)	ACCOUNT NUMBER	INTEREST RATE	BALANCE OWING	MONTHLY PAYMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RENT/BOARD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2ND MORT./HOME EQUITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			AUTO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CREDIT CARD					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CREDIT CARD					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CREDIT CARD					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CREDIT CARD					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALIMONY/ CHILD SUPPORT					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APCI STOCK & SAVINGS LOAN					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER					
					TOTALS			

- Have you ever filed a petition for bankruptcy in the last 10 years?  Yes  Yr filed  No
- Are any suits pending, judgments unsatisfied, alimony or maintenance awards against you?  Yes  No
- Have you ever had any auto, furniture or other property repossessed?  Yes  No
- Are you a co-maker or endorsee on another persons note loan?  Yes  No

Please be advised, that by submitting this application: You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time Your credit is approved and you promise to pay all amounts charged to Your Account according to its terms. If this application is for a MasterCard or Gold MasterCard, You agree and understand that if approved, You are contractually liable according the applicable terms of the MasterCard Credit Card Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time Your credit is approved and Your promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several.

For Credit Card Applicants. If You are issued a Credit Card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card Balance.

Applicant Signature	Date	Co-Applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>