



163 Washington St., Wallingford, CT 06492 (203) 265-0420 Phone (203) 949-0660 Fax www.qvcfcu.org web

LOAN REQUEST	Check Applicable Box <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> NEW AUTO <input type="checkbox"/> USED AUTO <input type="checkbox"/> SHARE SECURED
	<input type="checkbox"/> HOME EQUITY <input type="checkbox"/> HOME EQUITY LOC <input type="checkbox"/> CREDIT BUILDER <input type="checkbox"/> OTHER _____
	Loan Amount \$ _____ Term _____ (Months)
	Purpose of Loan (REQUIRED) _____
Disability Protection _____ Credit Life Protection _____ Automatic Payment _____ Payroll Deduction _____	

PLEASE COMPLETE EACH SECTION AND SUBMIT WITH PROOF OF INCOME

APPLICANT	Name (First, Middle Initial, Last)_		Street Address		Date of Birth
	City	State	Zip	How Long?	Monthly Payment <input type="checkbox"/> OWN <input type="checkbox"/> RENT \$ _____
	Home Phone Number ()		Work Phone Number ()		Social Security Number
	Name of Employer		Address		Dates of Employment

PLEASE INDICATE ALL MONTHLY INCOME AS MONTHLY AMOUNTS AND SUBMIT TWO RECENT PAYCHECKS FROM EMPLOYER

INCOME	Gross Monthly Income \$	Social Security / Pension \$	Rental \$	Other (Indicate Source) \$
	Note: Alimony, Child Support and Separate Maintenance payments need not be revealed unless you wish to rely on such income in applying for credit. If you are relying on this income as a basis for repayment of the credit you are applying for, please indicate such amounts in the "Other Income" section above and submit verification of such income.			

CO- APPLICANT	Name (First, Middle Initial, Last)		Street Address		Date of Birth
	City	State	Zip	How Long?	Monthly Payment <input type="checkbox"/> OWN <input type="checkbox"/> RENT \$ _____
	Home Phone Number ()		Work Phone Number ()		Social Security Number
	Name of Employer		Address		Dates of Employment

PLEASE INDICATE ALL MONTHLY INCOME AS MONTHLY AMOUNTS AND SUBMIT TWO RECENT PAYCHECKS FROM EMPLOYER

INCOME	Gross Monthly Income \$	Social Security / Pension \$	Rental \$	Other (Indicate Source) \$
	Note: Alimony, Child Support and Separate Maintenance payments need not be revealed unless you wish to rely on such income in applying for credit. If you are relying on this income as a basis for repayment of the credit you are applying for, please indicate such amounts in the "Other Income" section above and submit verification of such income.			

PLEASE LIST TWO PERSONAL REFERENCES (REQUIRED)

REFERENCES	Name	Address
	Phone ()	Relationship
	Name	Address
	Phone ()	Relationship

Quinnipiac Valley Community Credit Union Loan Application

DEBITS	List all loans and installment debts including credit cards, charge cards, auto and finance companies. Also list Alimony, child support and separate maintenance payments. Indicate whether the debt is in the name of: A = Applicant, B = Co-Applicant, AC = Applicant and Co-Applicant (Joint). PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY.				
	Name	A, B, or AC	Account Number	Balance	Monthly Payment

Have you or your Co-Applicant ever transacted any business in any other name, had any judgments, bankruptcies, attachments, garnishments or other legal proceedings against you? **YES** **NO** **If yes, attach additional sheet stating name or names and full details pertaining to each name.**

Are you or your Co-Applicant a co-maker, endorser or guarantor on any loan or contract? **YES** **NO** **If Yes, to whom?**

COMPLETE THIS SECTION FOR HOME EQUITY LOANS, AUTOMOBILE LOANS, AND SHARE SECURED LOANS

COLLATERAL	Property Address		Original Mortgage Amount \$	Current Mortgage Balance \$
	Current Market Value \$	Monthly Payment (Inc. Taxes) \$	Annual Taxes \$	Property Type <input type="checkbox"/> 1 – 4 Family <input type="checkbox"/> Condo
	Vehicle Year, Make, Model and VIN#		Odometer Reading	Seller or Finance Company
	Description of Shares being used for collateral			Account Number

COMPLETE THIS SECTION FOR HOME EQUITY LOANS ONLY

GOVERNMENT MONITORING	The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname.	
	APPLICANT	CO-APPLICANT
	<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

SIGNATURES	I (WE) AUTHORIZE ANYONE MENTIONED HEREIN TO FURNISH YOU SUCH INFORMATION AS YOU MAY REQUIRE IN CONNECTION WITH THIS APPLICATION AND AGREE THAT THE APPLICATION SHALL REMAIN YOUR PROPERTY WHETHER OR NOT THE LOAN IS GRANTED. I (WE) AGREE TO NOTIFY YOU IMMEDIATELY UPON ANY MATERIAL CHANGE IN THE ABOVE STATEMENT. I (WE) AFFIRM THAT EACH OF THE ANSWERS GIVEN TO THE FOREGOING QUESTIONS IS TRUE AND CORRECT AND THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF MY (OUR) FINANCIAL CONDITION. IT IS A FEDERAL CRIMINAL OFFENSE TO KNOWINGLY MAKE ANY FALSE STATEMENT OR REPORT, OR TO WILLFULLY OVERVALUE ANY PROPERTY FOR THE PURPOSE OF INFLUENCING THE CREDIT UNION TO ACT ON THIS APPLICATION. I (WE) AUTHORIZE QUINNIPIAC VALLEY CFCU TO CHECK MY (OUR) CREDIT, BUSINESS AND EMPLOYMENT HISTORY AND TO REPORT INFORMATION REGARDING MY (OUR) CREDIT HISTORY TO REPORTING AGENCIES AND OTHER PERSONS THEY BELIEVE HAVE A LEGITIMATE BUSINESS REASON TO REQUEST SUCH INFORMATION.			
	Signature of Applicant	Date	Signature of Co-Applicant	Date
	This Section For Office Use Only			

ACCOUNT NUMBER	NOTE #	SHARE BALANCES	MONTHLY \$	APPROVAL SIGNATURES