

FINANCIAL TRUST FEDERAL CREDIT UNION

3333 Harlem Road
 Cheektowaga, New York 14225
 Telephone (716) 831-3007 Fax (716) 831-0669



SALES · SERVICE · STORAGE
 716-824-7181



Application

Married Applicants: May apply for a separate account.
Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
 1. you live in or the property pledged as collateral is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI),
 2. your spouse will use the account, or
 3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.
Joint Credit: If you are applying with another person, complete the **Applicant** and **Other** sections.
Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Member Number _____	Vehicle Loans Only
Loan Amount _____	VIN # _____
Loan Purpose _____	Make _____
Loan Term _____	Model _____
Payments _____	Year _____

PAYMENT PROTECTION	Single Credit Disability	The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.
	Single Credit Life	
	Joint Credit Life	

APPLICANT		
NAME _____		
MOTHER'S MAIDEN NAME _____	ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____	
AGES OF DEPENDENTS _____		
BIRTH DATE _____	HOME PHONE _____	BUSINESS PHONE/EXT. _____
PRESENT ADDRESS _____	LENGTH AT RESIDENCE _____	
PREVIOUS ADDRESS _____	LENGTH AT RESIDENCE _____	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
MARITAL STATUS: _____		
EMPLOYMENT/INCOME	\$ _____	PER _____
NAME AND ADDRESS OF EMPLOYER _____		
TITLE/GRADE _____	START DATE _____	HOURS AT WORK _____
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
OTHER INCOME		
\$ _____	PER _____	SOURCE _____
\$ _____	PER _____	SOURCE _____
\$ _____	PER _____	SOURCE _____
\$ _____	PER _____	SOURCE _____
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?		
WHERE _____	ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	STARTING DATE _____	
	ENDING DATE _____	
REFERENCE	RELATIONSHIP _____	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____	

OTHER			<input type="checkbox"/> CO-APPLICANT	<input type="checkbox"/> OTHER
NAME _____				
MOTHER'S MAIDEN NAME _____	ACCOUNT NUMBER _____			
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____			
AGES OF DEPENDENTS _____				
BIRTH DATE _____	HOME PHONE _____	BUSINESS PHONE/EXT. _____		
PRESENT ADDRESS _____	LENGTH AT RESIDENCE _____			
PREVIOUS ADDRESS _____	LENGTH AT RESIDENCE _____			
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:				
MARITAL STATUS: _____				
EMPLOYMENT/INCOME	\$ _____	PER _____		
NAME AND ADDRESS OF EMPLOYER _____				
TITLE/GRADE _____	START DATE _____	HOURS AT WORK _____		
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____			
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				
OTHER INCOME				
\$ _____	PER _____	SOURCE _____		
\$ _____	PER _____	SOURCE _____		
\$ _____	PER _____	SOURCE _____		
\$ _____	PER _____	SOURCE _____		
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?				
WHERE _____	ENDING/SEPARATION DATE _____			
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	STARTING DATE _____			
	ENDING DATE _____			
REFERENCE	RELATIONSHIP _____			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	HOME PHONE _____			

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
RENT/MORTGAGE			\$	\$		
HOME EQUITY			\$	\$		
VEHICLE #1			\$	\$		
VEHICLE #2			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGGED AS COLLATERAL FOR ANOTHER LOAN	OWNED BY	
				APPLICANT	OTHER
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

OTHER INFORMATION ABOUT YOU	IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET	APPLICANT	OTHER
1. ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN?		<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?		<input type="checkbox"/>	<input type="checkbox"/>
3. IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?		<input type="checkbox"/>	<input type="checkbox"/>
4. ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE? FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____		<input type="checkbox"/>	<input type="checkbox"/>

STATE LAW NOTICES OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are not applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union

SIGNATURE FOR WISCONSIN RESIDENTS ONLY _____ DATE _____

SIGNATURES

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above is a complete listing of what you owe. You authorize the credit union 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 credit union will rely on the information in this application and your credit reports to make its decision and we will retain this application whether or not it is approved. You are also giving the credit union permission to check your employment history and to answer questions about your credit experience. If you request, the credit union will tell you the name and address of any credit bureau from which it received a report. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions insured by NCUA.

	(SEAL)		(SEAL)
APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE	DATE

FOR CREDIT UNION USE ONLY							
DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
			\$	\$	\$	\$	
LOAN OFFICER COMMENTS:							
SIGNATURES:							
X				X			
			DATE				DATE