

**Please Check Type of Loan:**

- Personal       Share  
 Overdraft       Stock  
 Holiday

Purpose of Loan \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

**MAIL WITH CURRENT PAY STUB TO:**

Atlantic Federal Credit Union 37 Market Street, Kenilworth, NJ 07033

Or, you may fax this application & your pay stub to: (908) 245-4798

Account Number \_\_\_\_\_

**BORROWER**

Name		Social Security #	
Address			<input type="checkbox"/> # Years at Address
Date of Birth	Home Phone		Work Phone
Employer	Position	Employer Address	
Date of Hire	Monthly Salary *	Previous Employer (if less than 2 years)	<input type="checkbox"/> # Years at Last Job Driver's License #

**CO-APPLICANT / JOINT BORROWER**

Name		Social Security #	
Address			
Date of Birth	Home Phone		Work Phone
Employer	Position	Employer Address	
Date of Hire	Monthly Salary *	Previous Employer (if less than 2 years)	<input type="checkbox"/> # Years at Last Job Driver's License #

* OTHER MONTHLY INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOMES ) DOES NOT HAVE TO BE STATED UNLESS YOU WANT THEM TO BE CONSIDERED:	AMOUNT(S) \$	SOURCE(S)
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These questions apply to both applicant and co-applicant				
IF A YES ANSWER IS GIVEN TO A QUESTION EXPLAIN ON ATTACHED SHEET	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
In the last 10 years have you been declared bankrupt or filed a petition for Chapter 13?				
Have you any outstanding judgements?				
Are you a co-maker or co-signer of any loan?				
If you are a co-maker or a co-signer, for whom (name of others obligated on loan)				

Length of Loan Requested:  24 months    36 months    48 months    60 months

DEBTS	TOTAL THIS COLUMN
Check One: <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Live with Parents or Relatives	
Number of Dependents <input type="text" value=""/>	
Mortgage Balance \$	Monthly Mortgage Payment .. \$
Monthly Rent ( if any ) .....	\$
Monthly Childcare/Support Payments .....	\$
Total Credit Card Debt .....	\$
Car Loan Monthly Payment .....	\$
<b>Total of All Monthly Debt Payments .....</b>	<b>\$</b>

Yes, I wish to purchase Credit Disability Insurance     
  Yes, I wish to purchase Credit Life Insurance

Payment Method:  Automatic transfers from Account # \_\_\_\_\_  
 Payroll Deduction       Coupon Book

This application is subject to verification of income and current employment. By signing below I authorize Atlantic Federal Credit Union to check my credit history including the verification of the information on this request. I understand that you may contact me for further information, and that this application must be completed fully for Atlantic Federal Credit Union to process my request. All loans are subject to Atlantic Federal Credit Union's Loan Agreement. You may obtain information from others about me and give credit information to others. I authorize you to issue any credit devices requested by me. I understand that all funds advanced to me will be subject to the terms and conditions of the Loan and Security Agreements which I have received. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. Any willful misrepresentation on this Application could result in a fine and/or imprisonment under provisions of the U.S. criminal code.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_      Joint Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE:**

COMMITTEE APPROVAL	DATE	DOLLAR AMOUNT	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
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